



# COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE

AGENDA

<b>DATE:</b>	<b>Tuesday, 23 April 2024</b>
<b>TIME:</b>	<b>7.30 pm</b>
<b>VENUE:</b>	<b>Essex Hall - Town Hall, Station Road, Clacton-on-Sea, CO15 1SE</b>

**MEMBERSHIP:**

**Councillor Steady (Chairman)**  
**Councillor Barrett (Vice-Chairman)**  
**Councillor Davidson**  
**Councillor Doyle**

**Councillor Ferguson**  
**Councillor Griffiths**  
**Councillor McWilliams**  
**Councillor Oxley**

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DATE OF PUBLICATION: Monday, 15 April 2024

## AGENDA

### 1 **Apologies for Absence and Substitutions**

The Committee is asked to note any apologies for absence and substitutions received from Members.

### 2 **Minutes of the Last Meeting (Pages 7 - 30)**

To confirm and sign as a correct record, the minutes of the meetings of the Committee, held on Tuesday 14 November 2023 and on Thursday 11 January 2024.

To note that the Members of the Committee met informally on Tuesday 23 January 2024 where there was a discussion around various enquires underway and the process of those enquires.

### 3 **Declarations of Interest**

Councillors are invited to declare any Disclosable Pecuniary Interests, Other Registerable Interests or Non-Registered Interests, and the nature of it, in relation to any item on the agenda.

### 4 **Questions on Notice pursuant to Council Procedure Rule 38**

Subject to providing two working days' notice, a Member of the Committee may ask the Chairman of the Committee a question on any matter in relation to which the Council has powers or duties which affect the Tendring District **and** which falls within the terms of reference of the Committee.

### 5 **Review of the Work Programme (including Monitoring of Previous Recommendations and Scrutiny of Forthcoming Decisions) (Pages 31 - 54)**

The report provides the Committee with an update on its approved Work Programme for 2023/24 (including progress with enquiries set out in its Work Programme), feedback to the Committee on the decisions in respect of previous recommendations from the Committee in respects of enquiries undertaken and a list of forthcoming decisions for which notice has been given since publication of the agenda for the Committee's last meeting.

### 6 **Report of Assistant Director (Partnerships) - A.2 - Improving Access to NHS Dentistry for Residents in Tendring (Pages 55 - 84)**

To provide the Committee with information on NHS dentistry provision in the District, and the wider Suffolk and North East Essex Integrated Care Board geography. This report will support the enquiry by the Committee into NHS dentistry provision to be undertaken at this meeting of the Committee.

### 7 **Final Report of Mainstream and Community Transport Provision in the District Task and Finish Working Group (Pages 85 - 100)**

To enable the Committee to consider and determine the final report of the Task and Finish Working Group into the enquiry undertaken into Mainstream and Community Transport.

**8 Final Report of the School Age Education Provision (Absences and Mental Health)  
Task and Finish Working Group**

To receive and consider the final report of the Task and Finish Working Group into the enquiry undertaken into school age education provision (absences and mental health).

**THIS REPORT WILL BE “TO FOLLOW”.**

### **Date of the Next Scheduled Meeting**

*Subject to the decision of Annual Council on 30 April 2024, the next scheduled meeting of the Community Leadership Overview and Scrutiny Committee will be held in the Committee Room - Town Hall, Station Road, Clacton-on-Sea, CO15 1SE at 7.30 pm on Tuesday, 2 July 2024.*

## **Information for Visitors**

### **FIRE EVACUATION PROCEDURE**

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**MINUTES OF THE MEETING OF THE COMMUNITY LEADERSHIP OVERVIEW AND  
SCRUTINY COMMITTEE,  
HELD ON TUESDAY, 14TH NOVEMBER, 2023 AT 7.30 PM  
IN THE COMMITTEE ROOM - TOWN HALL, STATION ROAD, CLACTON-ON-SEA,  
CO15 1SE**

<b>Present:</b>	Councillors Steady (Chairman), Barrett (Vice-Chairman), Davidson, Doyle, Guglielmi, Griffiths, McWilliams and Oxley
<b>Also Present:</b>	Councillor Gina Placey (Portfolio Holder Partnerships)
<b>In Attendance:</b>	Keith Simmons (Head of Democratic Services and Elections), Katie Wilkins (Head of People), Leanne Thornton (Safer Communities Manager), Jenny Brouard (Enforcement & Community Safety Co-ordinator), Keith Durran (Committee Services Officer) and Bethany Jones (Committee Services Officer)

**8. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

Apologies for absence were received from Councillor Codling and Councillor Ferguson (substituted by Councillor Guglielmi).

**9. MINUTES OF THE LAST MEETING**

It was **RESOLVED** that the minutes of the meeting of the Committee held on Monday 3 July 2023 be approved as a correct record.

**10. DECLARATIONS OF INTEREST**

There were no declarations of interest by Councillors in relation to any item on the agenda for this meeting.

**11. QUESTIONS ON NOTICE PURSUANT TO COUNCIL PROCEDURE RULE 38**

Pursuant to the provisions of Council Procedure Rule 38, Councillor Griffiths asked the following question:-

*“Can we clarify why it takes over a year to produce a Health and Wellbeing Strategy? With a general election next year, and the possibility of a change of government, is there not a possibility that any strategy considered by the cabinet at the start of next year, could have to be reviewed due to a change in political direction at national government level”?*

The Chairman responded based on information provided to him, as follows:-

*“The Health and Wellbeing Strategy was considered for review in late 2022. To update the document requires a review of data, for which the 2021/22 information has only recently been made available, and consideration of potential future priorities in alignment with partners.*

*With an election in May 2023 it was appropriate to await the result of the election before proceeding as the strategy highlights the Council's health and wellbeing priorities. The high level priorities of the Council are currently being drafted and there is the potential for the Strategy to be included.*

*Whilst determining priorities consideration is given to the focus of our partners to ensure effective partnership working and alignment.*

*The Health and Wellbeing Strategy is now being aligned to the developing place planning work undertaken by the North East Essex Health and Wellbeing Alliance which will see a greater focus on place within Tendring.*

*Alignment with partners priorities to help deliver a system based approach which is soundly based on data is likely to remain a consistent approach even if there is political change”.*

Pursuant to the provisions of Council Procedure Rule 38, Councillor McWilliams asked the following question:-

*“At the meeting of the Full Council held on 11th July 2023, the Cabinet Member for Partnerships informed the Council that the new Clacton CCTV cameras and work associated with the scheme regarding upgrades, etc., which is being funded by the £317,000 of Essex Safer Streets funding, would be started soon in mid July 2023. It was also said that the system would be fully operational by October 2023.*

*As this system has not yet been in operation, could you please inform me as to why this has not yet occurred and when it is expected to be completed and fully operational”?*

The Chairman responded based on information provided to him, as follows:-

*“The Portfolio Holder for Partnerships is delighted that the Council was successful in its Essex Safer Streets bid. The work has indeed begun with the ordering of lighting upgrades for parts of the seafront gardens and the successful procurement of CCTV equipment for the work.*

*Regrettably, since the update provided to the Council in July, the officer team has identified some additional complexities around consents and procedures, including planning permissions (part including a conservation area matter), highway consents and the like, that need to be resolved in terms of the detailed locations of new poles and cameras.*

*This is regrettable, of course, but the officer team has been widened to include the necessary specialism to further address the intricacies referred to.*

*Due to the aforementioned complexities, the team has secured the extension of the funding period to March 2025 and is in the process of reviewing the proposals in order to ensure that the relevant processes, procedures and consents are followed or put in place as applicable.*

*The officer team is preparing a revised timeline for the works, which will begin with further lighting upgrades in the short term and necessary consultations and applications*



*with the camera installations to follow, beginning with equipment in current locations, and new poles and equipment on them forming the final phase.*

*I am sure that fellow members may be disappointed that progress has been checked. However, I am confident that the officer team, from the various necessary professional backgrounds, will be working as hard as possible to get each tranche of the works completed (as soon as they can properly be done), whilst ensuring that the enhanced system will be as effective as it can be and that benefit to the community is maximised.*

*Furthermore, I have been informed by officers that Clacton will receive ten years of funding and support totalling £20 million over the decade. This investment will focus on long-term strategic transformations as well as shorter-term improvements. The funding will be focused on high streets, heritage and regeneration, and public safety and security. So, there is also the opportunity in Clacton for long-term support to improve public safety and reduce anti-social behaviour”.*

12. **POLICE, FIRE AND CRIME COMMISSIONERS REVISED POLICE AND CRIME PLAN AND ITS APPLICATION TO THE DISTRICT ALONGSIDE THE WORK PROGRAMME OF THE COMMUNITY SAFETY PARTNERSHIP**

The Chairman welcomed everyone to the meeting for this item. He indicated that there were a number of speakers and that as such (in order to ensure all those present had the opportunity to submit details of their activities) there was likely to be a restriction on the time for the Committee Members to question each speaker. However, this approach had been agreed by Committee Members in advance of the meeting and areas for further questions/exploration would be recorded would be captured and then prioritised to support the development of the enquiry.

The Committee then heard an opening statement from Councillor Gina Placey in her role as Portfolio Holder for Partnerships:

*“Good evening. As chair of Tendring CSP I am pleased to be able to welcome you to the first meeting of the Community Leadership Overview and Scrutiny Committee since its formal designation as the statutory Crime and Disorder Committee; I would also like to thank the partners engaged in the Community Safety Partnership both for their ongoing contribution and for their attendance this evening.*

*Members of the committee are reminded that the CSP is made up of a number of statutory partners, including Tendring District Council, whose responsibilities include working together in formulating and implementing strategies to tackle local crime and disorder in the area and to address the partnerships identified priorities through a local CSP Delivery Plan.*

*The partnership has three key priorities:*

*The first: Tackling ASB and the root causes; this priority supports repeat and vulnerable victims of ASB. We are all aware that ASB affects families and communities so by working together to address the root causes we can help to improve the quality of life in the community.*

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*Secondly: Preventing and reducing serious violence; this priority covers many areas, including Domestic Abuse, Sexual Offences, Exploitation, Gang related Violence, Hate Crime, Modern Day Slavery, Human Trafficking and Violent Extremism, to name but a few.*

*Our final priority speaks for itself as it relates to emerging threats and trends. The CSP works alongside the Police, Fire and Crime Commissioner (PFCC) for Essex, who unfortunately cannot be here this evening, however we will be hearing presentations from several Essex Police Officers in relation to how the partnership supports schemes to address domestic abuse and anti-social behaviour, as well as other crime types as identified within the PFCC's overall plan for Essex.*

*The partners here this evening will be able to update us on general policing, crime and ASB statistics over the last five years, numbers of Officers in Tendring, county lines and cuckooing, as well as all partners being able to answer any other questions relating to the delivery of the CSP delivery plan, which is annexed in your pack.*

*You will see from the Delivery Plan there is a lot of fantastic work being carried out by all partners including many charitable/voluntary organisations, such as Youth Unity's 1-2-1 mentoring programme.*

*Colleagues also have on the committee agenda tonight an item considering the proposed themes of the emerging Corporate Plan; I hope that they can see how those help to support these objectives and TDC's role within the CSP; in particular the theme of 'working with partners to improve quality of life'.*

*As Members will be aware, we received interesting and useful feedback as part of the consultation on the new Corporate Plan, and this is being considered further by officers for a wide range of applications, including our work within the CSP.*

*Senior officers from the Tendring Council Community Safety Team are also in attendance tonight to answer any particular questions relating to the delivery plan or any other matters not covered in your pack of information.*

*I look forward to working with the Crime and Disorder Committee to achieve the CSP's key objective of tackling local crime and disorder in the district. Thank you".*

The Committee was joined by a varied panel of guests (as follows):

Chief Inspector Ella Latham – Essex Police District Commander for Tendring – General Policing Update

Sargeant Wendy Byrne – Essex Police – presentation on Domestic Abuse

Inspector Aaron Homatopoulos – Essex Police

Mark Shorter – Suffolk and North East Essex Integrated Care Board (SNEE ICB) - Health

Quentin Sage - Essex County Fire and Rescue Service

Dave Sexton – Chair - Tendring Neighbourhood Watch

Adam Scott – National Farmers Union (NFU) County Advisor Essex

Roger Hirst, Police, Fire and Crime Commissioner (PFCC), Jane Gardener, Deputy Police, Fire and Crime Commissioner and Detective Superintendent Gary Biddle –

Essex Police, had also been invited to attend. However, they had sent their apologies for not being in attendance.

The Head of People (Katie Wilkins) introduced the report submitted to the Committee in respect of the scrutiny enquiry being undertaken. She mentioned that this was the first enquiry by the Committee concerning crime and disorder matters since its designation as the statutory Crime and Disorder Committee of the Council. As such it was appropriate that the Committee considered the very broad nature of the work of the Council and the other responsible authorities for crime and disorder strategies in the District of Tendring.

The Committee heard that, by its nature, this would involve significant explanation from the Council's partners around the respective roles of the Council and also responsible authorities, including how they would themselves have regard to the strategies and directions provided by the Police, Fire and Crime Commissioner as well as the views of the public on the subject of crime and disorder.

Members were reminded that, as part of its remit, was to consider whether it wished to make any reports or recommendations to the Local Authority with respect to the decisions made or other action taken in connection with the discharge by the responsible authorities of their crime and disorder functions.

The Chairman invited Chief Inspector Latham to address the Committee with an oral update on Crime and Disorder in the District. The focal point of the discourse centered on the police response to the three priorities delineated in the Community Safety Partnership (CSP), with particular attention to addressing anti-social behaviour (ASB).

The Committee heard that, in collaboration with local police forces and the CSP, there had been a commendable 44% reduction in ASB over the preceding 12 months. Noteworthy initiatives, including Operation Gingerbread, were executed to address ASB in the town centres through coordinated patrols with local ambassadors and targeted interventions in hotspot areas. The success of Operation Gingerbread was underscored, emphasizing a 48% reduction in ASB during the summer of 2023 in comparison to the antecedent year.

Furthermore, Operation Sunbeam was introduced as a responsive measure to heightened summer demand within the district. This initiative encompassed dedicated foot patrols, reinforcing the endeavours of Operation Gingerbread, resulting in a 48% reduction in ASB during the stipulated period. The report delineated 199 stop searches, reflecting an 11% increase from the previous year, with positive outcomes. The overall success of these operations was underscored, with indications of plans to perpetuate analogous initiatives in the future.

Subsequently, the assembly addressed initiatives to forestall and diminish serious crime, focusing on gangs and county lines. The strategically positioned Raptor team responded to instances of serious violence associated with gangs and county lines. Notably, 212 arrests of county line nominals were made, with only 21 arrests associated with county lines in the Tendring District. The speaker accentuated collaboration with referral agencies and the Prevention, Prepare, and Protect team in safeguarding individuals involved in county lines.

The ensuing discussion delved into the support and prevention of domestic abuse, with Acting Detective Inspector Wendy Burn who was a specialist in the field of domestic abuse, who had been part of the Tendering Domestic Abuse Investigation Team for the past five years, conveyed that recent figures indicated a decline in domestic abuse incidents. The detection rate had concurrently risen, showcasing a positive trend. The speaker outlined the team's focus on medium and high-risk cases, with a notable 16.3% reduction in crime related to such cases over the past year. Additionally, cases with a standard-risk rating had witnessed a reduction of 21.1%. The speaker attributed these successes to the collaborative efforts of specialized teams, including the Domestic Abuse Problem Solving Team and independent advisors from an organisation named 'Next Chapter' that specialised in support around domestic violence. These teams worked diligently to break the cycle of abuse, enforce court orders, and support victims through various initiatives.

Furthermore, the speaker highlighted recent operations, such as Operation Advance targeting outstanding suspects and Operation Nightshade focusing on apprehending the most dangerous offenders. The speaker expressed a deep commitment to ensuring the safety of individuals and giving victims the voice they deserved. Despite the challenges posed by the silent nature of domestic abuse, the team managed to achieve a significant reduction in incidents while successfully detecting more crimes, reflecting a commendable accomplishment in addressing this pervasive issue.

The Chairman invited Quentin Sage from Essex County Fire and Rescue Service to deliver an oral up to the Committee, he reported that deliberate fires in the Tendering area had seen a notable reduction over the past few years. Collaborating with community partners, efforts had been focused on preventing fires, educating youth through fire cadet programs, and engaging in training initiatives. The strategy involved community partners working in schools to enhance education among the younger generation. Tactical responses were employed in towns and villages, offering free smoke alarms to community members, with these resources still available through the official website. Targeted interventions and reduction plans were implemented in areas with a high number of fire-related calls. Additionally, motorcycle teams actively engaged with motorcyclists as part of the broader reduction program, not only addressing deliberate fires but also contributing to road traffic collision reduction efforts.

The Chairman had invited Adam Scott, representing the National Farmers Union (NFU), to give an oral presentation. He provided a comprehensive report on the reduction of deliberate fires in the Tendering area and shed light on the multifaceted challenges posed by rural crime. Mr. Scott, who also farmed on the other side of Colchester, highlighted that the NFU, primarily known as a trade association for farmers, had increasingly found itself engaged in discussions about rural crime, a topic often overshadowed by more visible urban crime issues. With approximately 920 NFU members in Essex, Mr. Scott emphasized the prevalence of rural crime in the county, where 71% of the area was rural, and 14% of reported crimes were categorized as rural crime, translating to around 23,000 incidents in villages or on rural businesses and farms.

Members heard of four significant challenges faced by farmers, starting with the theft of machinery and plant equipment, including tractors and telly handlers, often spirited away through ports like Harwich and Felixstowe. The theft of GPS (global positioning system) equipment, essential for modern farming practices, was also noted as a

growing concern. He detailed the organized nature of these thefts, highlighting the challenges farmers faced beyond the financial losses, included disruption to work schedules, insurance costs, and potential linkage to organized crime networks. The second issue Mr. Scott discussed was illegal hair coursing, a practice that extended beyond a seemingly innocuous sport, revealing an intricate world of gambling, streaming events for betting purposes, and even intimidation. Mr. Scott acknowledged Operation Galileo's success in reducing hare coursing in Essex but noted its potential relocation to neighbouring areas.

Members also heard the third challenge highlighted was the issue of illegal encampments, which, though improved due to consistent policing efforts, continued to pose a problem. Mr. Scott commended the work of Deputy PFCC Jane Gardner in ensuring a more consistent approach across Essex and advocated for continued efforts to discourage illegal encampments. The final challenge addressed was fly-tipping, a problem exacerbated by both industrial-scale waste dumping and individuals improperly disposing of domestic waste. Mr. Scott underscored the importance of public awareness about using licensed waste carriers to curb this issue. While discussing these challenges, Mr. Scott emphasized the need for farmers to strike a balance between securing their properties and maintaining the rural way of life. He urged farmers to report incidents, build trust with law enforcement, and work collaboratively to address the vulnerabilities inherent in living in remote areas. Despite noting improved relationships with Essex police over the last several years, Mr. Scott acknowledged that challenges persisted, emphasizing the ongoing need for vigilance and collaboration to safeguard rural communities effectively.

Lastly the Chairman invited David Sexton, of the Tendring Neighbourhood Watch, to address the Committee. He provided an overview of the organization, comprising 90 individual Street Watches with approximately 1,500 members across the Tendring area. At the time of the meeting they were conducting an audit to determine the exact membership count, they faced challenges due to Data Protection (GDPR) restrictions held by street watch coordinators. Despite difficulties in obtaining responses during the audit, the primary goal of the Tendring Neighbourhood Watch was to enhance community safety by encouraging members to report crimes. They disseminate information received from various sources. Additionally, the organization had begun analysing crime reports to gain valuable insight and actively supported the police, maintaining affiliation with Essex County Council.

The Members of the Committee had the opportunity to ask a number of questions of the guests in attendance and they asked their questions. The Chairman invited further questions and none were indicated.

The Chairman thanked the guests for their attendance and the valuable insights provided and that they looked forward to working with them in the future as the Committee utilised the information provided by its Members for further examination in the process described earlier in this Minute. The offer from Chief Inspector Ella Latham to visit Clacton on Sea Police Station would be pursued as would an offer from Acting Detective Inspector Wendy Byrne to visit the Police Station and discuss measures to address Domestic Violence further. There was also a wish to visit the Traffic Police 'hub' at the Thorpe-le-Soken Police Station.

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After a short adjournment to facilitate those guests who had addressed the Committee to leave, the Committee reconvened and discussed what was reported to them and **RESOLVED** to press ahead with the approach previously agreed by Committee Members and submit areas to Officers for further questions/exploration to then be prioritised to support the development of the enquiry.

**13. WORK PROGRAMMING INCLUDING MONITORING OF PREVIOUS RECOMMENDATIONS AND SCRUTINY OF FORTHCOMING DECISIONS**

The Committee was provided with a written report which provided an update on its approved Work Programme for 2023/24 (including progress with enquiries set out in its Work Programme), feedback to the Committee on the decisions in respect of previous recommendations from the Committee in respects of enquiries undertaken and a list of forthcoming decisions for which notice has been given since publication of the agenda for the Committee's last meeting. In respect of recommendations monitoring, the report set out the Cabinet's decisions (from its meeting on 21 July 2023 (Minute 20 refers)) on this Committee's recommendations from its meeting on 7 March 2023 (Minute 26 refers) in respect of children missing from education.

The Committee heard an update on the Mainstream and Community Transport Provision Task and Finish Group from its Chairman, Councillor Steady. He outlined that the Group had undertaken one meeting with representations from Essex County Community Transport Groups and that a future meeting was to include the private transport companies.

The Committee also heard an update on the School Age Education Provision Task and Finish Group from its Chairman, Councillor Barrett. He outlined the position of the Group, having decided their two main focus areas, the first being attendance and absenteeism and the second being mental health provision for students. He informed the Committee that the Group had met once so far and had sent out letters to five schools in the District requesting permission for Members of the Task and Finish group to visit the schools and discuss the matters as addressed in the scope of the Task and Finish Group. The next meeting of the task and Finish was to be held on 11 December 2023.

The Committee **RESOLVED** to note the report including the updated provided at the meeting.

**14. CORPORATE PLAN (OUR VISION) CONSULTATION**

The Committee received a copy of the report provided to the Cabinet meeting on 21 July 2023 in respect of the emerging Corporate Plan for 2024-28. The Head of Democratic Services and Elections introduced the report, he explained that the corporate plan consultation had concluded, and that Cabinet had recently approved a revised version of the Corporate Plan to be submitted to the next Council meeting.

The Committee were informed that Members would soon receive an electronic copy of the agenda for the upcoming Full Council meeting (with the revised version of the Corporate Plan 2024/28) and that Cabinet aimed to present the initial version of its highlight priorities for 2024/25 at its December meeting, along with tangible actions to

implement the Corporate Plan in that first year of its term. These highlight priorities could be provided to the Committee as it considered elements of the budget for 2024/25. The Committee, although dealing with a discrete element of the Council's budget, could review the Cabinet's highlight priorities against the budget during its meeting on 11 January, particularly focusing on working with partners and grant funding for improvements in the quality of life, and funds received from entities like health bodies.

It was **RESOLVED** that the proposal for the Cabinet's highlight priorities to be provided to the Committee at the meeting where it considers elements of the budget for 2024/25 be approved.

The meeting was declared closed at 9.09 pm

**Chairman**

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# Public Document Pack

Community Leadership Overview and  
Scrutiny Committee

11 January 2024

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**MINUTES OF THE MEETING OF THE COMMUNITY LEADERSHIP OVERVIEW AND  
SCRUTINY COMMITTEE,  
HELD ON THURSDAY, 11TH JANUARY, 2024 AT 7.30 PM  
IN THE COMMITTEE ROOM - TOWN HALL, STATION ROAD, CLACTON-ON-SEA,  
CO15 1SE**

<b>Present:</b>	Councillors Steady (Chairman), Barrett (Vice-Chairman), Davidson, Doyle, Ferguson, Griffiths, McWilliams and Oxley
<b>Also Present:</b>	Councillor M Stephenson (Leader of the Council) and Councillor Placey (Portfolio Holder, Partnerships)
<b>In Attendance:</b>	Ian Davidson (Chief Executive), Lisa Hastings (Deputy Chief Executive & Monitoring Officer), Richard Barrett (Assistant Director (Finance and IT) & Section 151 Officer), Anastasia Simpson (Assistant Director (Partnerships)), John Fox (Head of Health & Community), Ian Ford (Committee Services Manager), Keith Durran (Committee Services Officer) and Bethany Jones (Committee Services Officer)

**15. INTRODUCTION FROM THE CHIEF EXECUTIVE**

*“Thank you very much for granting me the privilege of speaking before your agenda. As many of you know, we're currently in the midst of a by-election tonight. I'll be heading straight off to handle postal votes before participating in the count. I appreciate your indulgence in allowing me to speak first.*

*Tonight, I'd like to discuss the broader concept of partnership in anticipation of your later discussion. For many councils, partnership is important, but for us, dealing with challenges like poor health, low education achievement, and economic drivers makes it even more crucial.*

*Our work as a district council becomes vital, and our investments must align with addressing these challenges. Whether we are the deliverer, facilitator, or influencer, our efforts make a significant difference in the lives of our residents.*

*I want to set the stage for a discussion on the importance of our investments, whether they are our own or from external sources. Ensuring these investments deliver positive outcomes is a key aspect of our work.*

*One example of our impact is the 4.7% improvement in the health index for our district, compared to the England average of 0.8%. This demonstrates that our efforts, far from being mere 'fluffy stuff,' genuinely achieve positive results.*

*Reducing ambulance journey times and supporting diagnostic hospitals are among our collaborative efforts, benefiting both residents and regional services. Our partnership with the ICB, the new health structure, has been recognized as one of the best in the country through an LGA peer review.*

*In conclusion, our unique challenges make partnership work even more crucial. The recent visit from the director and their team highlighted that our focus on partnership*

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*delivery is equally, if not more, important than physical asset projects. Let's continue working collaboratively and focus on the outcomes we can achieve collectively”.*

The Chief Executive excused himself from the remainder of the meeting as he had to attend the Count centre for a by-election in the District, the Chairman thanked him for speaking and said that any questions to him would be submitted to him in writing.  
him in writing.

**16. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

An apology for absence was received from Councillor Codling (with no substitution).

**17. DECLARATIONS OF INTEREST**

There were no declarations of interest by Councillors in relation to any item on the agenda for this meeting.

**18. QUESTIONS ON NOTICE PURSUANT TO COUNCIL PROCEDURE RULE 38**

On this occasion no Councillor submitted notice of a question.

**19. GRANT FUNDING**

At Cabinet's meeting on 10 November 2023, (minute 48 referred) the Leader of the Council had confirmed that external funding matters within the Cabinet's initial Budget proposals for 2024/25 would be scrutinised by the Community Leadership Overview & Scrutiny Committee.

The Committee had before it in attendance the Leader of the Council, supported by the Assistant Director of Finance and IT, plus the Portfolio Holder for Partnerships, supported by the Assistant Director of Partnerships and the Head of Health and Community.

Members were provided with a report (agenda item 5, appendix A) that was to be submitted to Cabinet on 16 February 2024. This report was to meet the recommendation within the Cabinet report in respect of the creation of a subsidy scheme for the purposes of direct grant funding for Citizens Advice Tendring which had been submitted to Cabinet on 21 July 2023. One of the recommendations arising from that July meeting was that a review of grant funding across the Council be carried out and a report following that review considering the options available during 2023/24 then be presented to Cabinet in readiness for 2024/25.

Members heard that the Council allocated a significant amount of funding across the voluntary and community sector, either from external provision such as from Government, for example, the Shared Prosperity Fund, and from internal resources such as for the Tendring Community Fund. At the time of the meeting funding was allocated individually by services within the criteria of any funding received but could potentially be subject to a more joined up approach. The existing governance across services included, in many cases, the criteria for applying, an application form and approval routes, which included Member sign off. Consideration could be given to developing governance criteria to help ensure funding allocation was based on a sound

process, was transparent and allowed for decision making at an appropriate level. Although specific aims could be set for allocating funding, for example, in line with the Corporate Plan, care needed to be taken to ensure sufficient flexibility that allowed for funding to be allocated in relation to need. A general policy could also be considered which set the giving of grants in context, for example, by highlighting the underpinning principles, eligibility etc. Within the allocation of funding reference needed to be made to the Subsidy Control Act 2022 to ensure all allocations were legally compliant.

A series of written questions had been previously compiled by the Committee and put to the Portfolio Holders. The Portfolio Holders' responses had been provided in writing and circulated to the Committee prior to the commencement of the meeting. The Minutes of this meeting record those questions and responses below. Further supplementary questions were asked of Cabinet Members and responses provided and they are also recorded below.

Councillor Doyle, with the aim of transparency, informed the meeting that she worked with a local hospice and also worked with the Compassionate Communities organisation.

<b>GRANTS REPORT</b>			
<b>Portfolio Holder/Officer</b>	<b>Member of Committee</b>	<b>Questions</b>	<b>Answers</b>
Cllr G Placey	Cllr Doyle	Do we monitor the spending of grants we give out, to make sure they are used correctly?	<p>The monitoring of grant allocation is undertaken. For example, the health inequalities funding provided by the Integrated Care Board includes ongoing liaison with the organisations to ensure utilisation of the funding along with the provision of reports highlighting the work being undertaken. Specific evaluation of projects will also be undertaken</p> <p>Officers undertake monitoring of Tendring Community Fund grants by keeping in regular communication with grant recipients to understand how their funded work is progressing and by requiring impact reports to be completed and returned. These reports ask for details on how the funding has been spent, any issues or delays that have arisen, resident feedback and photographs of</p>

		<p>Do we carry out financial risk assessments on organisations that are successful in being awarded a grant?</p> <p>The draft policy at Appendix A2 doesn't appear to reference guidance to aid people in applying for grants, can this be included?</p>	<p>the projects where appropriate. Officers also collect information about any underspend of funding.</p> <p>Steps are taken to determine the financial position of organisations that are successful; for example with the Tendring Community Fund application, particularly with larger grant amounts, the application form asks the applicant to confirm that they have the appropriate governing documents, that they have a bank account with two unrelated signatories and that they could provide a copy of their annual accounts or a budget forecast for the coming year if requested. The cross party working group that allocated this fund also adds the local knowledge element</p> <p>Guidance could be provided to assist those applying for grants and can be included in the final grants policy.</p>
Head of Health and Community	Cllr Doyle	<p><u>Supplementary Question</u></p> <p>When would the Grants Policy be in place?</p>	<p>No timescale in place.</p>
Cllr G Placey	Cllr Griffiths	<p>Would it be possible to building into the structure of TDC that Portfolio</p>	<p>We will take the suggestion back and look at appropriate mechanisms for ensuring</p>

		<p>Holders are responsible for the grants that come out under their remit, that a sub committee is formed, that meets once every six months or so, that then goes through the grants, somewhat similar to the licencing committee.</p> <p>Can we have someone in to explain the Subsidy Control Act 2022? Ref page 25.</p>	<p>that, in so far as is possible, there are common good practices and procedures applied to grant giving by the Council.</p> <p>The Subsidy Control Act 2022 seeks to regulate the provision of subsidies. Provision of grant funding may constitute a subsidy if it is provided to an enterprise which provides them with an economic advantage so that other similar enterprises could not access the funding.</p> <p>Four criteria are used to determine if allocation of funding is a subsidy and these are a) is funding from a public authority, b) does it provide an economic advantage to an enterprise (an organisation offering goods and services on the market) c) is the funding provided to specific beneficiaries and d) does it have an effect on competition or investment.</p> <p>Allocation of funding must be in accordance with the Act although there is the opportunity to develop a Subsidy Control Scheme which will permit the allocation of funding to a specific beneficiary if it is in line with the scheme which would amongst other things include reference to the policies and aims of the funder.</p>
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			If there is an open call for funding allocations so different organisations can bid or if a procurement process is used then funding is unlikely to be regarded as a subsidy.
Head of Health and Community	Cllr Griffiths	<u>Supplementary Question</u>  Can you further explain the Subsidiary Control Act and its relationship with the Jaywick Sunspots development?	The Subsidiary Control outlines 4 criteria for compliance:  A local Authority provides the funding.  That the funding is not conferring financial advantage to an entity.  That the funding is given to specific requests.  Will the funding have adverse effect on competition?  In terms of the Sunspots there was an open call for potential tenants. Government Guidance stipulated that an “open call” was considered “not conferring an advantage”.
Deputy Chief Executive		If Government changes grant criteria, would it change current grants?	Not really, once money is granted and or allocated that is the end of it, i.e. it is a one off.
Head of Health and Community.			
Cllr G Placey	Cllr Steady	When applicants make their submission, do we scrutinise their financial situation? Do we check if they have applied for/received other grants from us or partner organisations under the same or similar schemes?	The Tendring Community Fund application form asks the applicant to confirm that they have the appropriate governing documents, that they have a bank account with two unrelated signatories and that they could provide a copy of their annual accounts or a budget forecast for the

			<p>coming year if requested. Evidence of these being in place may be required before an application is approved and this will depend on the level of funding applied for. Applicants are asked in the TCF application form to provide details of any other grants they have been successful with as well as any they have applied for and are waiting to hear about. Officers will determine the levels of funding an organisation has recently received for other projects by consulting with grant givers internally at TDC, such as for the Shared Prosperity Fund, as well as externally with CVS Tendring and the Health Alliance's domain funding for example. These steps ensure officers would be aware of any risks of funding duplication for the same project before a grant is awarded.</p>
<p>Head of Health and Community</p> <p>Portfolio Holder</p>	<p>Cllr Steady</p>	<p><u>Supplementary Question</u></p> <p>Is there any alternative to a Grants Policy?</p> <p>What is the purpose of the Policy?</p> <p>Will there be a review of external funding?</p>	<p>Continue informally with no Grant Policy.</p> <p>Consolidation of different approaches across the Council, it will strengthen governance and transparency.</p> <p>This is difficult, Grant Policy will channel external funding through its criteria.</p> <p>Policy will need to link into TDC Corporate Strategy but also need to be flexible to</p>

Partnerships			react to emergencies.  We can't say if TDC will get any more external funding. Subsidiary Control has made TDC focus on the way it gives out grants and review to who and why and for how long. Maybe the Committee (CLOSC) could take ownership of the production of the Grants Policy? e.g. via a Task and Finish Group.
Cllr M Stephenson		Will there be any change to the level of funding?	
	Cllr Oxley	<u>Supplementary Question</u>  I have concerns about the complexity of the forms, will they be reviewed?	
Head of Health and Community			They do need to be accessible to all and reactive to the criteria that comes forward.

After an in-depth discussion it was moved by Councillor Steady, seconded by Councillor Ferguson and unanimously **RESOLVED** that:

- (a) a Grants Task & Finish Working party be set up; and
- (b) the Head of Democratic Services & Elections, in consultation with the Chairman of the Committee, be authorised to decide the Working Party's terms of reference (including its size and composition).

In relation to resolution (a), it was decided that the terms of reference of the Task and Finish Group should be:-

Terms of Reference

- the production of a Grants Funding Policy;
- examination of 'funding overlaps' within the Council;
- exploring mechanisms for providing Member overview to keep track of external funding within TDC's systems; any issues around those funds; and how TDC can get in more external funding and particularly to ensure that TDC does not 'miss out' through ignorance of the existence of external 'funding pots'.

**20. DELIVERING AGAINST THE COUNCIL'S CORPORATE PLAN 2022-28 - INITIAL PROPOSALS FOR HIGHLIGHT PRIORITIES FOR 2024/25**

The Committee heard that, at Cabinet's meeting held on 15 December 2023 (Minute 62 referred), Cabinet had considered a report of the Leader of the Council & Portfolio Holder for Corporate Finance and Governance, which had reminded Members that the Council's strategic direction was set out in its Corporate Plan which was a fundamental



element of the Council’s Policy Framework. The Corporate Plan (‘Our Vision’) had been adopted unanimously by Council on 28 November 2023 (Minute 76 referred) and covered the period 2024-28. Key elements of delivering against the adopted Corporate Plan would be through annual highlight priority actions approved by the Cabinet. The 2024/25 initial proposals for highlight priorities had been set out at Appendix B to the Portfolio Holder’s report. Through that report, Cabinet had been invited to adopt those initial proposals for consultation purposes before finalising its highlight priorities for 2024/25; which would involve consideration of the outcome of the consultation undertaken.

It was reported to Members that recognising the rationale for the Portfolio Holder’s recommendations was to set out openly for all concerned the initial proposals for highlight priorities for 2024/25 and that this supported the openness agenda of the Council and provided an opportunity for engagement with the public, businesses and partners on those initial proposals. Through consultation it was hoped that the views received could help shape the priorities that would finally be adopted (within the reality of the Council’s budgetary position). Cabinet had therefore -

**“RESOLVED** that Cabinet resolves that -

- (a) *the initial highlight priorities for 2024/25, as set out at Appendix B to report A.2, be approved for consultation;*
- (b) *all Councillors, other partners and the public be invited to consider the initial priorities referred to in (a) above; and*
- (c) *the outcome of the consultation referred to in (b) above be reported to Cabinet on 15 March 2024 in order that Cabinet can formally adopt its finalised highlight priority actions for 2024/25.”*

A copy of the published Leader of the Council’s report (and its appendices) to the Cabinet meeting held on 15 December 2023 were attached to Officer’s covering report.

A series of written questions had been previously compiled by the Committee and put to the Portfolio Holders. The Portfolio Holders’ responses had been provided in writing and circulated to the Committee prior to the commencement of the meeting. The Minutes of this meeting record those questions and responses below. Further supplementary questions were asked of Cabinet Members and responses provided and they are also recorded below.

Portfolio Holder/Officer	Member	Question to be asked.	Answer
<b>HIGHLIGHT PRIORITIES</b>			
Cllr M Stephenson	Cllr Griffiths	I note on page 9 that it is anticipated by 2026/27 that there are likely to be initial development work on the Garden Community Site. I also note that on page 12 (reference B5)	The need for robust stewardship arrangements for both the governance and management of assets within the Garden Community are a requirement of the adopted Local Plan and the

		<p>that a highlight priority for 2024/25 is intended to be the development of the DPD for the Garden Community. So my question is where is the imperative around stewardship of public facilities as part of the Garden Community. If that is not correct at the beginning it will have negative implications for decades. Surely that should be a highlight priority.</p>	<p>emerging Development Plan Document. These arrangements will need to be in place and tied into a s106 legal agreement before the first planning permissions are granted. The Lead Developers Latimer are considering necessary stewardship arrangements alongside their work in preparing the planning application and the Members of the Tendring Colchester Borders Garden Community have been giving consideration to a variety of stewardship models and examples of best practice from across the country, with guidance from Officers and expert consultants. Whilst the highlight priority refers to the DPD and the development of the Garden Community thereafter, the requirements of the Local Plan and the DPD themselves make it implicit that stewardship arrangements will be confirmed, as stated above, through the s106 legal agreement on the first planning permission.</p>
<p>Cllr M Stephenson</p>	<p>Cllr Griffiths</p>	<p><u>Supplementary Questions</u></p> <p>When will scrutiny of these Stewardship arrangements come in? As I believe that TDC Councillors should have some input into the Stewardship arrangements before they are approved by the Tendring Colchester Borders Garden</p>	<p>Stewardship has to be in place before planning applications can be approved and this will be tied to the section 106 legal agreements.</p> <p>The TCBGC Joint Committee is made up of 3 TDC members, 3 from Colchester City Council</p>

<p>Deputy Chief Executive</p>		<p>Community Joint Committee.</p> <p>What is a Town Board?</p>	<p>and 2 from Essex County Council who will decide the Stewardship arrangements, TDC's members on the Joint Committee are our input in these arrangements.</p> <p>As part of the Towns Grant Government Funding TDC is required to set up a Town Board to come up with a vision for spending the funding.</p>
<p>Cllr M Stephenson</p>	<p>Cllr Griffiths</p>	<p>I note at reference F4 on page 14 that there is intended to be a new communications strategy – will that specifically address the problems we have at TDC of differentiating ourselves from services provided by others. In this regard I specifically note that in the corporate plan consultation many residents thought that TDC was responsible for road and pavement repairs (e.g. potholes) and clearly we are not. In my mind there should be an effort to tell the public just who is responsible for which services.</p>	<p>The Communications Strategy hasn't been drafted completely as of yet as it is necessary to take on board the feedback from consultees on the initial proposed highlight priorities. As such, this feedback around the relative responsibilities of partners, including Essex County Council (ECC), will be reflected on as the draft new Communications Strategy is developed. Having said that, the Strategy is intended to be a guiding principle on the delivery of Communications by the Council and the distinction between TDC and ECC is only one element to consider.</p>
<p>Cllr M Stephenson</p>	<p>Cllr Griffiths</p>	<p><u>Supplementary Questions</u></p> <p>In the new Communications Strategy can we make it clear what TDC is responsible for, what falls under our remit as opposed to partner agencies and can this also be applied to future consultations?</p>	<p>While I agree with the sentiment of your idea, the practicality of it could be resource intensive for something that is comparatively easy to deal with.</p>

<p>Cllr G Placey</p>	<p>Cllr Steady</p>	<p>On page 12 at reference D1 it mentions measures to reduce Health Inequalities; what will those measures include please? I ask as to whether it includes signing up to compassionate communities.</p>	<p>Firstly, may I point out that we are going in the right direction with our health indices improving as reported recently. But as Chris Whitty said when he visited us, there is no silver bullet, no one size fits all and there is still a lot of work to do.</p> <p>There are a broad range of ongoing health inequality initiatives. This includes a Fuel Poverty Officer to help support residents to access the correct type of fuels and tariffs and also to maximise benefits. Funding from the Integrated Care Board (ICB) has enabled us to provide specialist support to Children’s Social Care to help families most in need as part of a multidisciplinary team.</p> <p>Family Solutions has been funded with a specific post in Harwich to support struggling families and to develop community resilience. The ICB funding has also been used to enable the voluntary sector to directly address cost of living issues via food and fuel vouchers and support and is also being provided to help support with hospital discharge. Further funding has been provided by the Department of Work and Pensions (DWP) to support those furthest from employment; two staff are now employed to deliver this.</p>
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			<p>The work with Active Essex around the Local Delivery Pilot Sport England funding has also provided multiple examples of supporting communities as the funding was focussed on the most deprived areas and has included initiatives such as Essex Pedal Power, Beat the Streets and Parkplay which encourage people to get active and has been proved to enable easier access to work and Education .</p> <p>Following a meeting with the Hospice a report has now been produced to consider signing up to the Compassionate Communities charter taking into account the resource implications but also the benefits of doing this.</p>
Head of Health and Community	Cllr Steady	<p><u>Supplementary Questions</u></p> <p>Are there any plans for any outreach of Family Solutions into rural areas of the District?</p>	<p>There are 2 ECC staff, hosted by TDC – 1 covers the whole of the District while the other focuses primarily on Harwich.</p>
Head of Health and Community	Cllr Ferguson	<p><u>Supplementary Questions</u></p> <p>Is the Officer for Harwich based in Harwich?</p>	<p>Yes</p>

After a detailed discussion it was moved by Councillor Steady seconded by Councillor Griffiths and unanimously **RESOLVED** that:

- (a) the following recommendation be submitted to the Cabinet namely that when, each quarter, a summary report on delivery against all of the Cabinet’s Annual Highlight Priority Areas for the year is sent to Portfolio Holders a copy of such

summary report should also be sent to the members of the Council's overview and scrutiny committees.

- (b) Cabinet be also informed that this Committee is pleased to note that it has covered most, if not all, of the new Corporate Plan Themes in its work undertaken to date in 2023/24.

The meeting was declared closed at 8.59 pm

**Chairman**

## COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE

23 APRIL 2024

### REPORT OF HEAD OF DEMOCRATIC SERVICES AND ELECTIONS

#### A.1 WORK PROGRAMMING – INCLUDING MONITORING OF PREVIOUS RECOMMENDATIONS AND SUMMARY OF FORTHCOMING DECISIONS

(Report prepared by Keith Durran)

##### PURPOSE OF THE REPORT

The report provides the Committee with an update on its approved Work Programme for 2023/24 (including progress with enquiries set out in its Work Programme), feedback to the Committee on the decisions in respect of previous recommendations from the Committee in respects of enquiries undertaken and a list of forthcoming decisions for which notice has been given since publication of the agenda for the Committee's last meeting.

##### INVITEES

None.

##### BACKGROUND

The Council commissioned the Centre for Governance and Scrutiny (CfGS) to undertake an 'Overview & Scrutiny Development Review' in 2021 as a way of further improving that function at the Council. Two relevant recommendations arising from that review were:

***“Further strengthening the annual process for developing work programmes for each O&S committee - Engaging Members, Officers, partners and the public to prioritise the topics for review. This could include a selection criteria to identify appropriate topics for the work programme. Currently the work programme is also the last item on the agenda at O&S meetings, we would recommend bringing it to the beginning, so it can be given greater priority and benefit from more considered discussion, rather than being subject to the inevitable end of meeting fatigue.***

***Reviewing how the recommendations are made and how impact is measured – This could include putting the ‘recommendations monitoring report’ at the beginning of agendas to orientate O&S towards outcomes-focused meetings, alongside an emphasis on finding strong recommendations from questioning to present to Cabinet (or partners) as improvement or challenge proposals.”***

The inclusion of the matters set out in the “purpose of this report” section above seeks to further re-inforce the inter-relationship of the matters referred to. As such, it is designed to further support consideration of work programming of the Committee and contribute to addressing progress with the Corporate Plan.

## DETAILED INFORMATION

### **WORK PROGRAMME 2023/24**

The detailed matters relating to the following matters are set out in the relevant Appendix identified:

- (1) Work Programme for 2023/24 – See Appendix A;
- (2) feedback to the Committee on the decisions in respect of previous recommendations from the Committee in respects of enquiries undertaken – see Appendix B; and
- (3) a list of forthcoming decisions for which notice has been given since publication of the agenda for the Committee’s last meeting – See Appendix C.

In considering work programming matters, the Committee is further reminded of the other recommendations from the CfGS review undertaken in 2021:

***“Considering greater use of task and finish groups – This more informal type of O&S can allow improved cross-party working and detailed investigation of a single issue focussed on producing substantive recommendations.***

***Improved agenda planning and management - Committees should focus on one or two substantive items per agenda to allow for cross-cutting themes to be properly identified and explored, and different insights brought to bear on critical issues.***

***Considering how to engage the public in the work of O&S - This could include O&S going on more site visits in the community, inviting the public to offer ideas for work programmes, and greater use of social media channels for resident input and communicating the progress and impact of scrutiny work.***

***A clearer focus on democratic accountability - Scrutiny of Cabinet Members should form a key part of the work programme, providing an opportunity to hold the Leader and portfolio holders to account for delivery of the corporate plan and any other issues O&S feel is important.”***

The Community Leadership Overview and Scrutiny Committee is one of two overview and scrutiny committees established by the Council to specifically focus on the following areas of Council work (as detailed in Article 6.02(i) of the Council’s Constitution):

*“To perform the role of Overview and Scrutiny and its functions in relation to:*

- *Community Safety*
- *Health and Well-being*
- *Economy, Skills and Educational Attainment*
  
- *Community engagement, development and empowerment*
- *Economic Development, Regeneration and Freeport East*
- *Leisure and Tourism (except matters relating to budgets)*
- *Planning & Building Control and Strategic Planning (including the Local Plan)*
- *Emergency Planning*
- *To scrutinize/review the outcomes and implications for the Council of its financial support to community organisations and also from its receipt and use of funds received from local partner organisations*



The Community Leadership Overview & Scrutiny Committee will also act as the Council's designated "crime and disorder committee" for the purposes of Section 19 of the Police and Justice Act 2006 and will have the power –

- a) *to review or scrutinise decisions made, or other action taken, in connection with the discharge by the responsible authorities[\*] of their crime and disorder function;*
- b) *to make reports or recommendations to the local authority with respect to the discharge of those functions.*

The Constitution provides for the two overview and scrutiny committees to submit a work programme to full Council for approval. Rule 7 of the Overview and Scrutiny Procedure Rules sets out the position as follows:

*"Each Overview and Scrutiny Committee will submit a work programme for the year ahead and a review of the previous year's activities to the full Council for approval. In addition it will be responsible for co-ordinating and prioritising its work programme on an ongoing basis.*

*In preparing, co-ordinating and prioritising its programme, each Overview and Scrutiny Committee will take into account:-*

- *The General Role and Principles of undertaking its functions, as set out in Part 2 Article 6;*
- *The planned work on the preparation of elements of the Budget and Policy Framework, as set out in the Council's Business Plan;*
- *The need for statutory timetables to be met;*
- *The wishes of all members of the committee;*
- *Requests from the Cabinet to carry out reviews; and*
- *Requests from Group Leaders in accordance with Rule 8."*

In considering the Work Programme of enquiries, the Committee must have regard to the Corporate Plan 2024-28 and the themes of that Corporate Plan are:

- Pride in our area and services to residents
- Raising aspirations and creating opportunities
- Championing our local environment
- Working with partners to improve quality of life
- Promoting our heritage offer, attracting visitors and encouraging them to stay longer
- Financial Sustainability and openness

In respect of the collaborative working with The Cabinet as part of the governance arrangements at this Council a meeting was held with the Leader and Deputy leader (and the Chairman of the Resources and Services Overview and Scrutiny Committee on 4 April 2024. A number of suggestions for enquires in 2024/25 were discussed.

The meeting also considered the timing and arrangements for reviewing voluntary sector/community group funding by the Council The outcome of this meeting was a recommendation to discontinue the review commenced by this Committee as Cabinet itself was overseeing the same process directly over a shorter timeframe and, as such, this Committees review (through its Working Group) would involve duplication of Council resources. This matter was being considered by Cabinet on 19 April and "is addressed" in

recommendations above.

The Committee should be aware, that at present the Democratic Services Team have launched a public consultation with the aim to capture the residents' ideas as to what they think both Overview and Scrutiny Committees should be undertaking in its enquires for 2024/25. The Consultation is set to end on 10 May 2024 (Appendix D). Arrangements will be made for meetings to consider proposals from the public, Town and Parish Councils, other partner organisations and Councillors and staff for enquires to be undertaken in 2024/25 (ahead of the next formal meeting of the Committee).

The Democratic Services Team have also commenced discussions with both the Chairmen of the Overview and Scrutiny Committees into the Scrutiny Annual Report for the year 2023/24.

#### **RECOMMENDATION**

**That the Committee considers and notes the progress with enquiries set out in its Work Programme 2023/24, feedback to the Committee on the decisions in respect of previous recommendations and the list of forthcoming decisions.**

APPENDIX A

**COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE  
FOR ENQUIRIES TO BE UNDERTAKEN IN 2023/24**

**Work Programme**

Item	Date of Enquiry	Relevant Corporate Plan Theme/Annual Cabinet Priority	Information to be provided in advance	Those to be invited to attend	Articulated value of undertaking the review
<p>Policy on Events on Council Land</p>	<p>To be allocated</p>	<p><b>Delivering High Quality Services</b> - Public spaces to be proud of in urban and rural areas</p> <p>and</p> <p><b>Strong Finances and Governance - Use assets to support priorities</b></p>	<p>The proposed policy set out in the forthcoming decisions record for submission to Cabinet on 21 July 2023</p> <p>Summary details of events held on the Council's Land over the past five years – sufficient to enable the Committee to consider the basis of the decision to permit the event, the impact on the Council and the area in which the event was held and whether there was any local opposition to the events.</p> <p>What restrictions have been applied to proposed events prior</p>	<p>Portfolio Holder for Leisure and Public Realm</p> <p>Corporate Director (Operations and Delivery)</p>	<p>To consider the proposed/adopted Policy and consider whether it addresses the corporate plan themes and needs of the District</p>

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			<b>to the policy and what applications have been refused.</b>		
<p><b>Voluntary/Community Group Funding Working Party</b></p> <p><b>The production of a Grants Funding Policy</b></p> <p><b>Examination of “funding overlaps within the Council</b></p> <p><b>Exploring mechanisms for providing Member overview to keep track of external funding within TDC’s systems; any issues around those funds; and how TDC can get in more external funding and particularly to ensure that TDC does not ‘miss out’ through ignorance of the existence of external ‘funding pots’.</b></p>	<b>Underway</b>	<b>Community Leadership Through Partnerships</b>		<b>Assistant Director (Partnerships)</b>	<b>To provide better governance and value for money in relation to external funding</b>
	<b>At this meeting</b>				

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<p><b>School Age Education provision and specifically:</b></p> <p><b>(a) Safeguarding of children and support for those who elect to home educate their children.</b></p> <p><b>(b) The rate of absenteeism in schools and consideration of the underlying reasoning for a rise and good practice to reverse the rise.</b></p> <p><b>(c) Use of parenting, education supervision and school attendance orders and other enforcement action</b></p> <p><b>(d) The legal responsibilities of the Upper Tier local authority, and actions taken in Essex, in respect of children (of compulsory school age) who cannot go to school, the</b></p>		<p><b>Community Leadership Through Partnerships - Education - for improved outcomes</b></p>	<p><b>Numbers of children electively home educated over the past five years.</b></p> <p><b>Absenteeism rates for individual schools in the District over the past five years.</b></p> <p><b>Use of enforcement action over the past five years</b></p> <p><b>Numbers of children (of compulsory school age) who cannot go to school and who the Upper Tier Council has a responsibility for.</b></p>	<p><b>Anita Patel-Lingam (Statutory Education Compliance Manager, Essex County Council),</b></p> <p><b>Michael O'Brien (Head of Specialist Education Services, Essex County Council)</b></p> <p><b>Individuals who home educate their children (such as those who attended the Committee's meeting on 7 March 2023)</b></p> <p><b>Teachers represented on the Tendring education Strategic Board to outline the Board's measures to address absenteeism.</b></p>	<p><b>To be reassured on the provision for children in Tendring who struggle to cope with full-time education. This can be because they have health issues.</b></p> <p><b>Helping to ensuring that local services do not exacerbate mental health issues for children in this category.</b></p>
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<p>Upper Tier local authority must find out why.  <b>(e) Would a free school in the District help to improve attendance and raise attainment?</b></p>				<p>Others who may volunteer to attend on the elements of the scope set out.</p> <p>The Portfolio Holder for Partnerships</p> <p>Assistant Director (Partnerships)</p>	
<p>Improving access to NHS Dentistry for residents in Tendring and specifically those who should have such access free of charge -</p> <p>(a) Under 18s and under 19s in full time education</p> <p>(b) Those on Income Support, Income-based Jobseeker's Allowance and Income related</p>	<p>At this meeting</p>	<p>Community Leadership Through Partnerships - Health and wellbeing - for effective services and improved public health</p>	<p>1. The number of dentists in the area now compared with 5-10 years ago, reasons for growth/decline. Public versus private.</p> <p>2. Legislative changes over the last 10 years that affected the service the NHS was obliged to provide, if any.</p> <p>3. Costs for procedures both public and private, waiting times.</p>	<p>Lizzie Mapplebeck, Associate Director of Strategic Change, Suffolk and North East Essex Integrated Care Board</p> <p>Greg Brown, Senior Performance Improvement Manager, Suffolk and North East Essex Integrated Care Board</p>	<p>To look at the provision of NHS dental provision in the District since the local Integrated care Board took responsibility for its commissioning and consider how the significant adverse health implications from poor dental health and gum disease in respect of:</p> <ul style="list-style-type: none"> <li>• Respiratory infections</li> </ul>

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<p><b>Employment and Support Allowance</b></p> <p>(c) Those below the income threshold and in receipt of child tax credits, working tax credit (including a disability element)</p> <p>(d) Pregnant women and those who have had a baby in the last 12 months</p> <p>(e) Those in receipt of a war Pension/Armed Forces Compensation scheme payments</p>			<p>4. How many people are without a dentist in the district?</p> <p>5. How does Tendring sit against the rest of the UK in relation to the above questions?</p> <p>6. What steps are being taken to improve things?</p>	<p><b>Professor Nick Barker, Oracle Dental Group</b>  <b>The Portfolio Holder for Partnerships</b></p> <p><b>Assistant Director (Partnerships)</b></p>	<ul style="list-style-type: none"> <li>• Diabetic complications</li> <li>• Cardiovascular problems</li> <li>• Kidney disease</li> <li>• Rheumatoid Arthritis</li> </ul> <p>And thereby seek to ensure that the steps being taken by commissioners of NHS dentistry are seeking to mitigate against such issues.</p>
<p><b>The following emerged from a meeting under the Council’s Cabinet Scrutiny Protocol on 20 June 2023</b></p>					
<p><b>Mainstream and community transport</b></p>	<p><b>At this meeting</b></p>	<p><b>A Growing and Inclusive</b></p>	<p><b>Details of mainstream public transport across</b></p>	<p><b>Representatives of the local Bus</b></p>	<p><b>To consider the network of public</b></p>

**APPENDIX A**

<p>provision in the District – looking at the provision, the extent to which it supports inter-modal exchanges, provides a meaningful alternative to private car usage for work, leisure and medical journeys.</p>		<p><b>Economy - Support existing businesses/More and better jobs</b></p> <p><b>Building Sustainable Communities for the Future</b></p> <p><b>Community Leadership Through Partnerships</b> - Joined up public services for the benefit of our residents and businesses</p>	<p>the District including bus routes and frequency.</p> <p>Issues being experienced with mainstream public transport as outlined to Councillors</p> <p>Details of Essex County Council’s subsidised bus services in the District and the associated funding.</p> <p>Details of community transport provision across the District and the funding for them from Councils in Essex.</p> <p>Publicly available data on car ownership in the District and use of public transport.</p>	<p>and Railway Operators and of community transport providers.</p> <p>Representative from Essex County Council in relation to subsidised bus services where there are no commercial services and where the County Council think it appropriate.</p> <p>Deputy Leader (Portfolio Holder for Economic Growth, Regeneration and Tourism)</p> <p>Representatives of transport users.</p> <p>Portfolio Holder for Partnerships</p>	<p>transport provision (commercial and subsidised) and invite providers/ commissioners to review those with the Council based on evidence identified.</p> <p>To look at community transport provision and where best practice could be shared to extend the network.</p>
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**APPENDIX A**

				<p><b>Corporate Director of Place and Economy</b></p> <p><b>Assistant Director (Partnerships)</b></p>	
<b>WORK COMPLETED</b>					
<p><b>Active Essex/Sport England Local Delivery Pilot in the District of Tendring – seeking to tackle the issues of inactivity and develop best practice</b></p>	<p><b>Off-Agenda Briefing Note by the end of July 2023</b></p> <p><b>Distributed 1 August 2023</b></p>	<p><b>Community Leadership Through Partnerships – Sport England and Active Essex- for physical activity and wellbeing</b></p>	<p><b>An outline of the 2017 bid by Essex Health and Wellbeing Board to Sport England</b></p> <p><b>Details of actions since 2017 and what measurable results have been achieved. This should also cover micro grants, Prevention and Enablement Model, Essex pedal power, Wheels for All, Street Tag/Gamification and Essex ActivAte school holiday programme as they apply to Tendring.</b></p> <p><b>The overall funding and how that has been spent in Tendring.</b></p>	<p><b>The Portfolio Holder for Partnerships to be approached to supply the off-agenda briefing</b></p> <p><b>Assistant Director (Partnerships) to support the Portfolio Holder</b></p>	<p><b>The off-agenda briefing is a way of providing information to the Committee Members and enable them to consider what further areas for scrutiny need to be taken forward using the briefing note as the evidential basis.</b></p>

**APPENDIX A**

			<p><b>What best practice has been identified and extended beyond the pilot scheme.</b></p> <p><b>What are the remaining plans for the pilot and, what is the exit strategy for the pilot to achieve its stated vision of “Hardwiring physical activity into the system for sustainable change.”</b></p>		
<p><b>On street parking arrangements in the District – and parking PCNs, Permits, Traffic Regulation and enforcement. The Council’s participation in the North Essex Parking Partnership (NEPP), the work and business model of the Partnership.</b></p>	<p><b>After consultation with both Chairmen of the Overview and Scrutiny Committees, this enquiry was undertaken by the Resources and Services Overview and Scrutiny Committee on 5 March 2024.</b></p>	<p><b>Community Leadership Through Partnerships</b>          - Joined up public services for the benefit of our residents and businesses</p> <p><b>Strong Finances and Governance</b>          - Use assets to support priorities</p>	<p><b>The business Model of the NEPP.</b></p> <p><b>The agreement for the NEPP.</b></p> <p><b>The use of Tendring District Council Officers to undertake enforcement of on-street parking restrictions.</b></p> <p><b>The current position in relation to the use of camera enforcement cars in the District.</b></p>	<p><b>Representatives of Councillors on the NEPP</b></p> <p><b>Councillor Lee Scott, Essex County Council’s Portfolio Holder for Highways Maintenance and Sustainable Transport.</b></p> <p><b>This Council’s Portfolio Holder for Environment</b></p>	<p><b>To consider this partnership and the role of the Council within the Partnership, the overall financial risks to the Council and the work of the Partnership to support road safety e.g. outside of schools and short term parking in shopping areas and its contribution to the economic success</b></p>

**APPENDIX A**

			Information on scrutiny undertaken or proposed in the other partners of the NEPP – including Epping Forest, Harlow, Uttlesford, Braintree and Colchester Councils.	This Council’s Corporate Director for Operations and Delivery	of those shopping areas.
<p><b>As the Crime and Disorder Committee of the Council</b></p> <p><b>Crime and disorder. To consider the Police, Fire and Crime Commissioner’s revised Police and Crime plan and its application to the District. The review will also look at anti-social behaviour and domestic abuse in the district. Anti-social behaviour including community speed watch schemes and the allocation of additional Police Officers to the area</b></p>	<p><b>An invitation was submitted to the Police, Fire and Crime Commissioner and a reply is awaited. This invitation was specifically for an early meeting in July 2023.</b></p> <p><b>However, as time moves on it may be more appropriate to schedule this for the 17 October 2023 meeting of the Committee.</b></p>	<p><b>Community Leadership Through Partnerships/ Law and Order - for a safer community</b></p>	<p><b>The Commissioner’s Police and Crime Plan.</b></p> <p><b>Data on recorded crime (including domestic abuse), crime survey data and anti-social behaviour levels over the last five years.</b></p> <p><b>Numbers of Police and PCSOs over the same period for the District of Tendring.</b></p> <p><b>Details of measures specifically taken on the issue of domestic violence.</b></p> <p><b>Details on local watch schemes including home watch and</b></p>	<p><b>Roger Hirst, Police, Fire and Crime Commissioner.</b></p> <p><b>Essex Police’s District Commander</b></p> <p><b>Representatives from relevant organisations and watch schemes including Home watch.</b></p>	<p><b>To help inform the Delivery of the Police and Crime Plan/ consider the implications of the Plan for the District and to examine ways to support community schemes to address violence in a domestic setting and anti social behaviour.</b></p>

**APPENDIX A**

			<p><b>community speed watch.</b></p>		
<p><b>The extent to which Health inequalities present themselves for Tendring and the steps being taken to address those inequalities.</b></p>	<p><b>Off-Agenda Briefing Note by the end of September 2023</b></p>	<p><b>Community Leadership Through Partnerships</b>          - Joined up public services for the benefit of our residents and businesses  <b>Health and wellbeing - for effective services and improved public health</b></p>	<p><b>ONS data on healthy people, lives and places in respect of the residents of Tendring.</b></p> <p><b>Essex’s Joint Strategic Needs Assessment data sets in respect of Tendring from 2022 (The JSNA is a process through which local authorities and NHS organisations assess the current and future health, care and wellbeing needs of the local community to inform the decisions they make.)</b></p> <p><b>Details of funding received by the Council from North East Essex Clinical Commissioning Group (NEECCG) and East Suffolk and North Essex NHS Foundation Trust (ESNEFT), its purpose, the use of the funding to date, proposed schemes</b></p>	<p><b>The Portfolio Holder for Partnerships to be approached to supply the off-agenda briefing</b></p> <p><b>Assistant Director (Partnerships) to support the Portfolio Holder</b></p>	<p><b>To identify the measures being taken to address health inequalities and the sustainability of those measures going forward.</b></p>

**APPENDIX A**

			<b>going forward with time lines and exit strategy.</b>		
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**COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE**

**14 NOVEMBER 2023**

**RECOMMENDATIONS MONITORING REPORT**

Recommendation(s) Including Date of Meeting and Minute Number	Actions Taken and Outcome	Completed, follow-up work required or added to Work Programme
<p><u><b>This Committees meeting on 7 March 2023 (Minute 26 refers)</b></u></p> <p><u><b>CHILDREN MISING FROM EDUCATION</b></u></p> <p><b>Recommended to Cabinet that:</b></p> <p>a) That representations be again made to see Academies provide access to sites in the locality where those that are home schooled can take examinations in a range of subjects close to home.</p> <p>b) That efforts be made to encourage further enhancement of a positive relationship between home educators and the County</p>	<p>At Cabinet on 21 July 2023 (minute 20 refers) it considered the recommendations submitted to it by the Community Leadership Overview &amp; Scrutiny Committee following that Committee’s scrutiny of children missing from education at its meeting held on 7 March 2023.</p> <p>Cabinet had before it the following comment submitted by the Portfolio Holder for Partnerships:-</p> <p><i>“I would like to thank the Committee for their comments and recommendations. I have asked Officers to raise these matters at the next meeting of the Tendring Education Strategic Board, Attendance sub-group.”</i></p> <p>Having duly considered the recommendations submitted to Cabinet by the Community Leadership Overview and Scrutiny Committee,</p>	

## APPENDIX B

<p><b>Council's education service. Including in policy development and home visits; and</b></p> <p><b>c) To support the collaborative work that was being talked about to identify those that are not attending school or being effectively home educated and taking the necessary steps to get them back into education.</b></p>	<p><b>together with the response of the Partnerships Portfolio Holder thereto:-</b></p> <p><b>It was moved by Councillor Placey, seconded by Councillor I J Henderson and:-</b></p> <p><b>RESOLVED that the recommendations made by the Community Leadership Overview &amp; Scrutiny Committee be noted and that the response of the Partnerships Portfolio Holder thereto be endorsed.</b></p>	
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Recommendations monitoring for those recommendations from earlier meetings of the Committee have been previously reported to the Committee and, as such, are not repeated here as there is no further update to be provided on them.



## APPENDIX C

### Community Leadership Overview and Scrutiny Committee 23 April 2024

#### OVERVIEW AND SCRUTINY PROCEDURE RULE 13 – SCRUTINY OF PROPOSED DECISIONS

(Prepared by Keith Durran)

The below forthcoming decisions are those published since 8 November 2023 – the publication date for the Committee’s last ordinary meeting.

In presenting the following, the Committee’s attention is drawn to the agenda item notes in respect of Overview and Scrutiny Procedure Rule 13.

DESCRIPTION OF DECISION	KEY DECISION – YES/NO	DECISION MAKER	Decision Due Date
High Street Accelerator Pilot Scheme Update and Year 2	YES	Cabinet	17/05/2024
Family Solutions Update	YES	Cabinet	17/05/2024
Part Funded Police Community Support Officer (PCSO) Harwich & Dovercourt	YES	Cabinet	17/05/2024
Proposed PSPO (Nuisance Vehicles) - Brook Park, Clacton-on-Sea	NO	Cabinet	17/05/2024
Proposed Variation to the existing Public Spaces Protection Order in Clacton Town Centre - extended area and new conditions	YES	Cabinet	17/05/2024
Climate Change Action Plan 2024-2028	NO	Cabinet	16/07/2024

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# Overview and Scrutiny Enquiries Work Programme 2024/25

**Start Date:**  
April 5, 2024  
**End Date:**  
May 10, 2024

## Everything you need to know

Two Overview and Scrutiny Committees are appointed by Tendring District Council to review the wide range of functions executed by the Council and its partners and make reports or recommendations for improvements.

Scrutiny is integral to the effective and high quality delivery of Our Vision, the Council's Corporate Plan for 2024 to 2028 that encompasses a Community Leadership approach, and a listening to residents and businesses commitment, set out under six themes of pride in our area and services to residents; raising aspirations and creating opportunities; championing our local environment; working with partners to improve quality of life; promoting our heritage offer; attracting visitors and encouraging them to stay longer; and Financial sustainability and openness.

The Community Leadership Overview and Scrutiny Committee applies external focus of overview and scrutiny on Community Leadership of "district-wide" issues' (and where appropriate sub regional, regional and national issues). This is particularly delivered through collaborative work with local partner authorities, — such as Essex County Council, Essex County Fire and Rescue Service, Essex Police, health, schools, energy providers, and public transport — providers, stakeholders and members of the public.

This committee is also responsible for the function of the Council's Crime and Disorder Committee and assesses community safety within the district.

The Resources and Services Overview and Scrutiny Committee reviews the services provided by Tendring District Council itself and how it funds those services in accordance with the Council's policies and budget.

The success of the Overview and Scrutiny Committees depend on the involvement of Councillors, Council officers, experts and members of the public, which is why we are asking for your

## APPENDIX D

Each year a work programme is created for overview and scrutiny which sets out what topics the committees focus on and the successful outcome of this depends on the involvement of Councillors, Council officers, experts and members of the public.

This is your opportunity to help make a difference in your community by telling Councillors what you think the Overview and Scrutiny Committees should be looking at over the coming year.

[Take part by visiting our online consultation form](#)

Or you can [download a printable version of the consultation form](#)

## Supporting documents

If you are looking for some ideas of what the Committees have considered in past couple of years to support your suggestions please take a look at:

[2022/23 annual scrutiny report](#)

[2021/22 annual scrutiny report](#)

### The questions as they appear on the website

Overview and Scrutiny Enquiries Work Programme Consultation Questionnaire 2024/25  
Have your say in relation to the matters you believe need Tendring District Council's attention over the coming year. There will be things you think are going well and others that really need improvements.

The Council has two teams of dedicated Councillors who act as critical friends to the leadership of the District Council in relation to its public services and to other local bodies such as Essex County Council, Essex County Fire and Rescue Service, Essex Police, health, schools, energy providers, rail and bus companies.

Please give us your views by 11:59pm on Friday, 10 May, so that they can be considered before the work programme can be adopted by the Council.

1. Your postcode

2. Please suggest a topic you believe Overview and Scrutiny should investigate?

3. Please give a brief description of the topic (are there specific bits that you feel need to be looked at)?

4. What do you feel the enquiry could deliver to residents/businesses and how many residents/businesses do you think would benefit?

## **APPENDIX D**

5.If the topic is included in the work programme, who should Councillors consult to gain a complete picture of the enquiry (Please list those groups of people you think are relevant)?

6.Are there other sources of information that you feel the Councillors will need to read? (Let us know if it's already published or whether someone will need to provide it for the enquiry. If published links would be appreciated).

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## COMMUNITY LEADERSHIP OVERVIEW AND SCRUTINY COMMITTEE

23 APRIL 2024

### REPORT OF ASSISTANT DIRECTOR PARTNERSHIPS

#### A.2 IMPROVING ACCESS TO NHS DENTISTRY FOR RESIDENTS IN TENDRING

##### **PURPOSE OF THE REPORT/INQUIRY**

This report looks to provide the Committee information on NHS dentistry provision in the District, and the wider Suffolk and North East Essex Integrated Care Board geography.

To note: Although the report helps answer the Committee's questions, not all information is held by the Integrated Care Board.

##### **SCOPE - THE AIMS AND OBJECTIVES OF THE REPORT**

The Committee has raised the following questions and requested that the NHS provides feedback regarding the local situation regarding Dentistry.

1. The number of dentists in the area now compared with 5-10 years ago, reasons for growth/decline. Public versus private.
2. Legislative changes over the last 10 years that affected the service the NHS was obliged to provide, if any.
3. Costs for procedures both public and private, waiting times.
4. How many people are without a dentist in the district?
5. How does Tendring sit against the rest of the UK in relation to the above questions.
6. What steps are being taken to improve things?

To look at the provision of NHS dental provision in the District since the local Integrated Care Board took responsibility for its commissioning and consider the significant adverse health implications from poor dental health and gum disease in respect of:

- Respiratory infections
- Diabetic complications
- Cardiovascular problems
- Kidney disease
- Rheumatoid Arthritis

##### **INVITEES**

Greg Brown, Head of Dental Services, Suffolk and North East Essex Integrated Care Board will be undertaking a presentation to the Committee as well as answering questions.

## **BACKGROUND**

The Committee have requested further information regarding dentistry in Tendring as they have some concerns about the perceived lack of NHS provision. In particular they would like some statistics regarding the number of dentists in Tendring and would like to discuss the importance of dentistry and its connection to other medical conditions.

## **RELEVANT CORPORATE PLAN THEME/ANNUAL CABINET PRIORITY**

The relevant Corporate Plan theme is in respect of working with partners to improve quality of life

## **DESIRED OUTCOME OF THE CONSIDERATION OF THIS ITEM/INQUIRY**

To understand the provision of dentistry within Tendring and the wider implications of this in terms of health and highlight any issues which Members believe are relevant

## **DETAILED INFORMATION**

### **Introduction**

On 1st April 2023 Suffolk and North East Essex Integrated Care Board (SNEE ICB) received delegated responsibility from NHS England (NHSE) to commission dental services

There have been longstanding issues with NHS dental access including NHS routine dental care and urgent dental care. This problem has been amplified by the current COVID-19 pandemic. Treating oral diseases costs the NHS £3.4 billion per year.

The pain experienced with dental problems such as toothache or abscess can be considerable, intractable and distressing, and might lead sufferers to extreme measures to address pain if urgent dental care is not available. Examples include DIY dentistry and overdoses of paracetamol, which in turn increases pressure on urgent and emergency care. There are also wider societal impacts and costs that arise when people cannot access urgent care, such as increased demands and pressures placed on the wider health care system such as accident and emergency and primary care services, as well as costs to employers and reduced productivity due to time off work.

### **Commissioning, Legislation and Dental Fees**

#### Commissioning and Legislation

Suffolk and North East Essex ICB directly commissions all NHS dental services at primary, community, secondary and tertiary settings depending on the care and treatment required.

Currently, almost all dentists in north east Essex (and Suffolk), are paid by commissioners for the Courses of Treatment (CoT) they provide, each CoT is allocated a Unit of Dental Activity (UDA). A UDA is the technical term used in the NHS dental contract system regulations to describe weighted CoTs. The ICB is piloting a primary care contract that does not use CoT or UDA but is based on availability of appointments.

UDAs were developed as part of the 2006 NHS dental contract. Under the old NHS contract dentists were paid for every item of treatment they provided: examination, filling, crown or denture. Under the 2006 system they are paid per course of treatment, irrespective of how



many items are provided within it. Thus, a course of treatment involving one filling (3 UDAs) attracts the same fee as one containing five fillings, a root treatment and an extraction (also 3 UDAs). This factor is behind much of the resentment against this system.

In March 2021, NHS England were asked by the government to lead on the next stages of NHS dental system reform. At the outset six aims were agreed when considering what a reformed dental system should bring. They were:

- Be designed with the support of the profession
- Improve oral health outcomes
- Increase incentives to undertake preventative dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value
- Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity
- Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care
- Be affordable within NHS resources made available by Government, including taking account of dental charge income.

In July 2022, NHS England announced the first new reforms to the dental contract, these are the first in 16 years. The announcement included the following key points:

- NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.
- Dental therapists will also be able to accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, which will free up dentists' time for urgent and complex cases.
- To make services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.
- High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible.

These reforms represent the first significant change to the contract since its introduction in 2006.

## Dental Fees

Adult patients pay a subsidised fee for receiving care unless they are exempt. The NHS operates a three-band fixed charge primary care treatment package and payment from adult patients depends on the treatment received. The bandings are:

- Emergency dental treatment – £26.80 This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- Band 1 course of treatment – £26.80 This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- Band 2 course of treatment – 73.50 This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- Band 3 course of treatment – £319.10 This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Free NHS Dental Care is available to people in the following categories:

- Under 18, or under 19 and in full time education
- Pregnant or have had a baby in the last 12 months
- Being treated in an NHS Hospital and treatment is carried out by the hospital dentists (dentures or bridges need to be paid for)
- Receiving low-income benefits, or under 20 and a dependant of someone receiving low-income benefits.

Overall, the trend for NHS free dental care in Essex is going downwards when compared between 2017/18 to 2021/22.

## **ORAL HEALTH**

The SNEE Joint Forward Plan (JFP), describes the key oral health issues in SNEE. Poor oral health is challenging both in terms of symptoms but also has knock on effects on a person's overall health and life quality and the overflow demand for wider health services (GP, 111 and A&E). An overview of the JFP is below:

**How we plan to make a difference**

The ICB will ensure that:

- the provision of behaviour-management advice and techniques that reduce or prevent oral health problems to children, adults, and older people through public health campaigns, working with schools, universities, and health care professionals (Prevention)
- ensuring access to high quality oral health services for children, adults, and older people (Access)
- equality of access to oral health services (Access)
- no delay to urgent acute or mental health treatment because people cannot access NHS Dentistry (Urgent and Emergency Care Access)
- everybody in pain or post-trauma will have advice, support, and timely treatment from an NHS Dental service across SNEE (Urgent and Emergency Care Access)
- people will be able to access a single point of contact, to identify where their nearest NHS dentist is available and get a check-up in a timely manner (Access)
- all domiciliary and community specialist care services in SNEE will be available to people in a timely manner, with courses of treatment being undertaken to support long-term care (Specialist Access)
- people will have oral health services that are integrated and based on best practice (Integration)
- there is local training capacity for dental professionals (Training and Development)

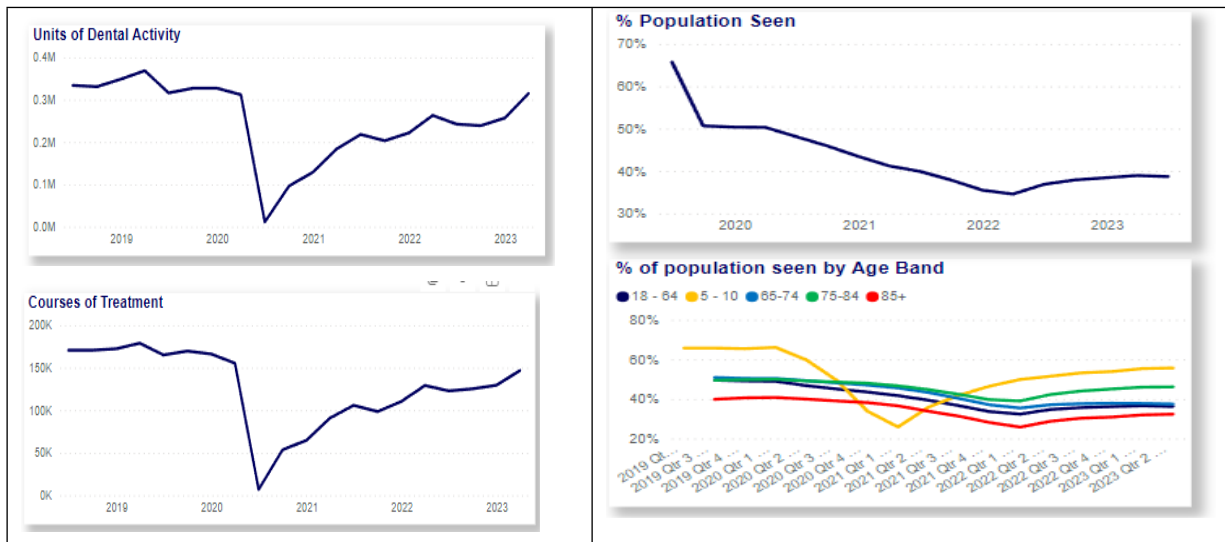
**We will know we are making a difference because we will see:**

- 10% fewer children with one or more decayed, missing or filled teeth by 2026
- 20% fewer hospital admissions for dental decay in children aged 0-5 years by 2026
- fewer child protection cases for health neglect where lack of dental access to healthcare is a factor
- increased access to the Starting Well Core Initiative, and health outcomes
- 200% more students attending oral health sessions in schools, and health outcomes by 2024
- increased awareness of good oral health among children and adults
- improved access to NHS dentistry for children and adults, including in residential settings by September 2024
- increased access to sugar free medications across SNEE
- increased access to personalised self-care for oral health, and health outcomes
- improved quality, capacity and health outcomes of oral health monitoring and access to treatment for people with health conditions.
- improved access to oral health care pathways ensuring people are seen in the most appropriate settings
- increased local capacity to train and educate dental professionals

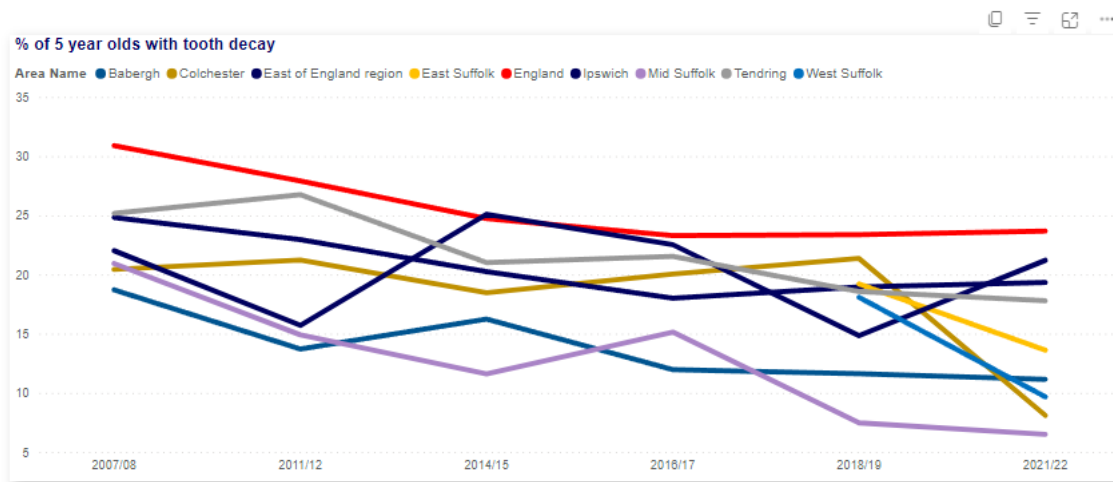
**Local Data:**

Summary of the oral health data in the JFP and latest statistics is below:

- **Covid impact:** during the pandemic activity levels reduced and have returned almost to pre-covid levels.
- **Activity** As at June 2023 38.7% of the SNEE population had been seen in previous 12 months (adults) or 24 months (children)



- Generally data on **children** decay rates compare favourably to England.



- **Adults:** 2018 data 38.9% of adults in Essex have active decay (vs 26.8% in England and 25% in Suffolk)
- **Inequalities:** there are particular communities where dental needs are relatively higher e.g. residents in care homes; looked after children; and regional data show higher decay for children with Asian or Asian British ethnicity
- **Unscheduled care** - 111 are now receiving over 2,000 calls every month for dental concerns or requesting access to dental services.
- **Geographic variation** - there are specific relative deficits due to provider withdrawals or reductions of NHS provision. There are particular deficits in Leiston/Aldeburgh, Brandon, Clacton, Colchester, Bury, Wickham Market/ Woodbridge, Sudbury and Felixstowe.

## DENTAL WORKFORCE

- The table below shows the total number of Associate Dental Performers and Performers has decreased by 10% over the last two years in SNEE. **This reduction is in the younger age groups.** (Note this data shows the number of from dentists practising Dentistry within SNEE not the amount of whole time equivalents).

	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Associate</b>	<b>411</b>	<b>449</b>	<b>402</b>	<b>387</b>	<b>359</b>
Under 35	151	171	176	163	149
35-44	123	125	101	103	88
45-54	79	90	69	71	76
55+	58	63	56	50	46
<b>Providing Performer</b>	<b>112</b>	<b>116</b>	<b>102</b>	<b>101</b>	<b>94</b>
Under 35	6	6	6	7	5
35-44	34	38	32	30	24
45-54	33	34	35	35	38
55+	39	38	29	29	27
<b>Unknown</b>	<b>1</b>		<b>1</b>		<b>2</b>
<b>Grand Total</b>	<b>524</b>	<b>565</b>	<b>505</b>	<b>488</b>	<b>455</b>

- Workforce in terms of interest to work under the contract, capacity/willingness to provide requisite hours, numbers of dental professionals available and correct balance of dental professional groups/ability to work as a cohesive team. The NHS Workforce Plan from

June 2023 sets out the strategy and policy based around Train, Retain, Reform which underpins the need for transformation of all services, including dental (<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>)

## Activitiy

### Primary care contracted and delivered UDAs 2022/23

Population	Contracts 2022/23	Contracts 2023/24	UDAs Delivered	UDAs contracted	Variance	
North East Essex	48	48	382,313	515,910	133,597	74%
Ipswich and East Suffolk	43	41	418,741	531,783	113,042	79%
West Suffolk	26	23	227,029	358,786	131,757	63%
	<b>117</b>	<b>112</b>	<b>1,028,083</b>	<b>1,406,479</b>	<b>378,396</b>	<b>74%</b>

### Opportunities of New Contracting flexibilities and delegation

There have been some clarifications and new elements to the national contract which have helped and offer opportunities:

- Clarity that **wider dental professional groups** can work under the contractual framework has helped, and some interest in the change to band 2 treatments that provide for differing UDA acquisition on certain treatments. Opening up the scope of practice for DCPs and encourage use of skill mix in the whole dental team has shown to be beneficial for the individual clinicians, team, practice owners and patients<sup>i</sup>. In particular this will support a system of prevention and stabilisation using a patient-centred personalised care plan pathway.
- **National flexible commissioning guidance** enables ICBs to move away from national terms for more than 10% of the contract
- **Releasing regular underperformance values:** This rule is in the process of being changed nationally, which will free up ICB's ability to remove resources and seek to procure other providers.

This means that ICBs are able to focus on local initiatives and work with stakeholders to develop innovative concepts and test them to sow the seeds of change through a flexible, iterative commissioning approach. This was notably drawn out in the Health Select Committee report.

Delegation to ICB's also enables dental commissioning and good oral health in vulnerable groups<sup>ii</sup> to be considered alongside wider ICS partnerships to address inequalities to good oral health in vulnerable groups.

**RECOMMENDATION**

That the Committee determines whether it has any comments or recommendations it wishes to put forward the relevant Portfolio Holder or Cabinet.

**PREVIOUS RELEVANT DECISIONS**

None

**BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL**

None

**APPENDICES**

None

**REPORT/INQUIRY CONTACT OFFICER(S)**

<b>Name</b>	<b>John Fox</b>
<b>Job Title</b>	<b>Head of Health and Community</b>
<b>Email/Telephone</b>	<a href="mailto:jfox@tendringdc.gov.uk">jfox@tendringdc.gov.uk</a> <b>01255 686746</b>

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<sup>i</sup> [NHS England » Building dental teams: Supporting the use of skill mix in NHS general dental practice – short guidance](#)

<sup>ii</sup> [NHS Long Term Plan v1.2 August 2019](#)

## Impacts of poor oral health

Poor oral health can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating, sleeping, socialising and well-being. There are also significant costs on society associated with oral diseases. It can lead to days lost from work and school, and adversely affects people's quality of life.

Dental decay and gum disease are the most common oral conditions and are largely preventable. Dental team members play an important role in identifying modifiable risks and helping individuals to recognise and minimise these risks and enhance protective factors<sup>3</sup>.

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Oral health inequalities in England: There are marked inequalities in oral health in England across all stages of the life course with clear and consistent evidence for social gradients in the prevalence of dental conditions, impact of poor oral health and service use<sup>1</sup>.

PHE 2012, Inequalities in oral health in England available at: <https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england>

OHID 2023, National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

OHID 2021, Delivering better oral health: an evidence-based toolkit for prevention available at: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

OHID 2022, Adult oral health: applying All Our Health available at: <https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health>

## Poor oral health prevalence and impacts

**Children's oral health** is generally strong in Suffolk, however there is inequality within more deprived populations. Across SNEE, Ipswich had the highest prevalence of dental decay in 5-yr-olds in 2022 at 21.1%. This is higher than the regional average for East-of-England at 19.3% prevalence.

Ipswich had the largest mean number of teeth with experience of dental decay among 5-year-olds with any decay experience in 2022 in SNEE at 4.6 teeth. This was higher than the regional and national figures.

Regional data shows a propensity for high levels of decay in Asian children.

**Adults' oral health** is around the England average, however there is evidence of inequality in NE Essex:

- Adults with evidence of active decay (2018): England (27%); Essex (40%); Suffolk (25%)
- SNEE Oral cancer rates are at the national average

*This section will be strengthened on receipt of an updated SNEE oral health needs assessment from NHS England Public Health – much needs data is currently from 2018/19*

**There is an evidence base that shows poor oral health directly links to physical health problems, such as:**

- poor diabetic control
- pneumonia and lung disease in frail people
- chronic gum disease can lead to coronary vascular disease
- dementia
- low birth weight babies
- digestive issues due to lack of functional dentition, ill fitting dentures and bacterial load



# NHS dental care is not universally free at the point of use

## NHS dental charges

There are 3 NHS charge bands:

### Band 1: £25.80

Covers an examination, diagnosis and advice. If necessary, it also includes [X-rays](#), a scale and polish (if clinically needed), and planning for further treatment.

### Band 2: £70.70

Covers all treatment included in Band 1, plus additional treatment, such as fillings, [root canal treatment](#) and removing teeth (extractions).

### Band 3: £306.80

Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

A common complaint received by HW Essex is practices not offering Root Canal Treatment on the NHS which is included in the Band 2 charge.

You do not have to pay for [NHS dental services](#) if you're:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges)
- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits

## Low income benefits

You're entitled to free NHS dental treatment if you or your spouse (including civil partner) receive:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- Pension Credit Guarantee Credit with Savings Credit
- [Universal Credit](#) (depending on your earnings)

## The Challenge & Opportunity

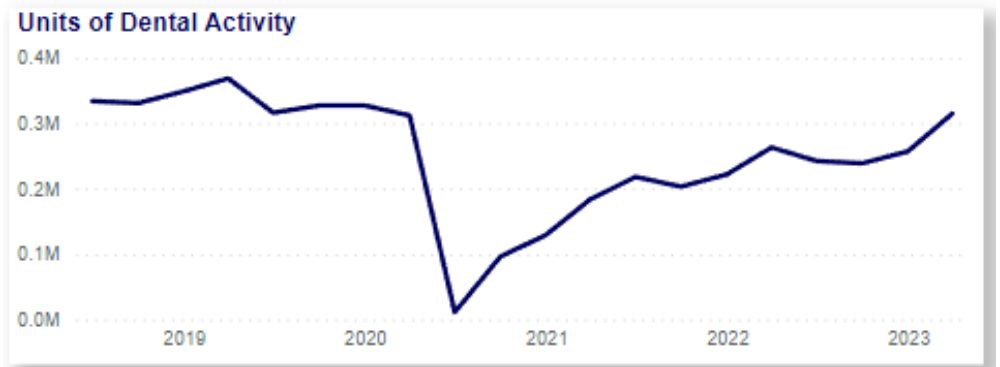
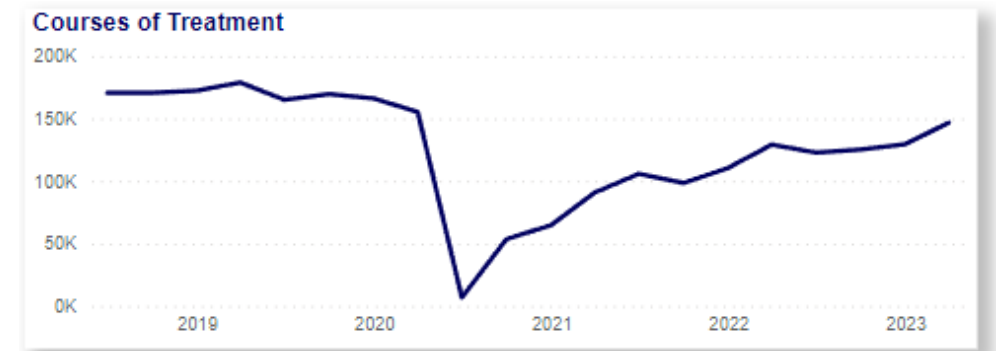
**Access to NHS dental services is a longstanding problem that worsened during Covid. SNEE access levels are below the England average.**

Activity levels, measured by completed courses of treatment and Units of Dental Activity are returning to pre-Covid levels, however, not the % of the population seen



In June 23, **38.7%** of the SNEE population had seen a dentist in the last 12-24 months, compared to **51%** in September 2019.

This equates to around 100,000 less people accessing NHS dental care across SNEE over this period.



## Dental providers are unable to deliver the contracted NHS Units of Dental Activity (UDA) activity

Primary care contracted and delivered UDAs 2022/23

Population	Contracts 2022/23	Contracts 2023/24	UDAs Delivered	UDAs contracted	Variance	
North East Essex	48	48	382,313	515,910	133,597	74%
Ipswich and East Suffolk	43	41	418,741	531,783	113,042	79%
West Suffolk	26	23	227,029	358,786	131,757	63%
<b>SNEE</b>	<b>117</b>	<b>112</b>	<b>1,028,083</b>	<b>1,406,479</b>	<b>378,396</b>	<b>74%</b>

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- 2,000 contacts per month are made to NHS 111 for dental reasons
- Presentations at A&E and GP Practices
- People in pain and resorting to drastic measures to stop it
- Adverse impact on health and wellbeing
- Economic impact



## Why has NHS dental access worsened?

### There are recognised problems with the 2006 Dental contracting framework

- Evidenced in the Health Select Committee review and report earlier in 2023: <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/964/report.html>.
- It concentrates on invasive surgical treatments rather than focussing on health promotion and prevention of disease.
- It rewards treatment of regular attenders, not the significant contingent of vulnerable patients who often present with complex needs.
- Long-term underspending is locked into contracts.
- The commissioning system has applied the contract rather than innovating.

### ... leading to a reduction in the number of dentists working in NHS contracts

	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Associate</b>	<b>411</b>	<b>449</b>	<b>402</b>	<b>387</b>	<b>359</b>
Under 35	151	171	176	163	149
35-44	123	125	101	103	88
45-54	79	90	69	71	76
55+	58	63	56	50	46
<b>Providing Performer</b>	<b>112</b>	<b>116</b>	<b>102</b>	<b>101</b>	<b>94</b>
Under 35	6	6	6	7	5
35-44	34	38	32	30	24
45-54	33	34	35	35	38
55+	39	38	29	29	27
<b>Unknown</b>	<b>1</b>		<b>1</b>		<b>2</b>
<b>Grand Total</b>	<b>524</b>	<b>565</b>	<b>505</b>	<b>488</b>	<b>455</b>

## However, there are opportunities

### Contractual

- National guidance allows **new contract flexibilities** for up to 20% of the contract value to be paid in agreed ways and not just in Units of Dental Activity.

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New flexibilities recognise the role that **wider professional groups** can play e.g. nurses, hygienists and therapists.

- Underperformance values can be withdrawn** by the commissioner following due process from April 2024.

### Innovation opportunities

- Delegation to ICBs enables innovation and joint work by partners.
- ICBs have dental budgets that are underspent and can resource a new approach.
- Working with our partner organisations to create new flexible commissioning opportunities.

SN 2023/24	Budget (£)
Primary care	41,159,518
Community dental	3,143,115
Secondary care	10,071,798
	<b>54,374,431</b>

## We must note challenges extend beyond NHS Primary care dentistry

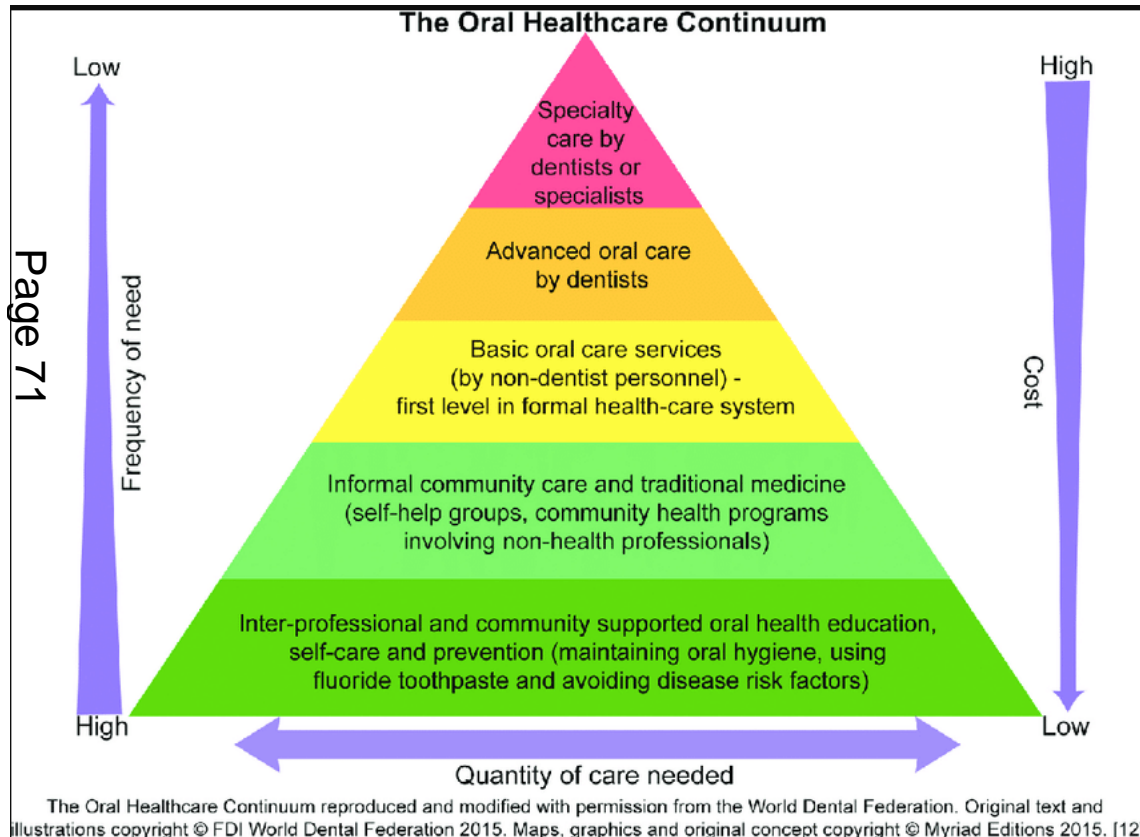
### Secondary care dentistry

- Consultant vacancies in Oral Maxillofacial Surgery at East Suffolk and North Essex NHS Foundation Trust, Norfolk and Norwich University Hospitals NHS Trust and Mid and South Essex NHS Foundation Trust.
- Limited regional specialities
- Networking between hospital trusts is relatively under-developed

### Specialist primary care dentistry

- Limited commissioning of Level 2 care (relates to complexity of treatment) in the community.
- Orthodontic waiting list reduction – current service waiting times are up to three years and the aim is to achieve less than twelve months (timescale tbc).
- Healthwatch Essex is undertaking an orthodontic review alongside Healthwatch Hertfordshire and has offered to share the learning with SNEE ICB.

## We need to act across the Oral health continuum



### Guiding strategic principles

- Take an ICP-wide approach to oral health promotion as part of overall health and well being
- Work in partnership with Universities, Colleges and dental providers to develop the wider dental workforce and support dentist retention
- ‘Rebuild’ relationships with dental providers, including exploring and applying the new contract flexibilities
- “*Bring the mouth back into the body*” – in the integrated delivery of health care
- Take a network approach to secondary care with neighbouring providers and Integrated Care Boards

## Recruit a team with clinical leadership to implement the dental programme of work

### Team

- ✓ 2 Regional Dental Chief Officers
- ✓ 4 senior fellows (shared with Norfolk and Waveney and Mid and South Essex ICBs)
- ✓ Increased ICB team from 4 to 8
- ✓ MDT approach across the ICB
- ✓ Work with the regional Consultant in Dental Public Health
- ✓ Shared approach with Mid and South Essex and Norfolk and Waveney Integrated Care Boards

	Programme
1	Prevention
2	Workforce development
3	Priority groups
4	General Dental Practice
5	Orthodontics
6	Community and Out of Hours
7	Specialist secondary care
8	Paediatrics
9	Other actions



# 1. Prevention

Examples of projects in the work programme

program me	description	Go live target	lead org'n
1a	NE Essex Oral health programme	Live	ECC
Page 73	NE Essex young people oral health champions	Live	ECC
	Suffolk - 24 month check	Jan-24	SCC
	Suffolk - supervised brushing	Jan-24	SCC
	Suffolk- train early years staff	Jan-24	SCC
1c	make every contact count	Oct-24	ICB
1d	sugar free medications	Live	ICB

(Prevention is also included in other workstreams)

## Goals

- Prevention programmes have been commissioned across 50 schools in Suffolk and 45 in NE Essex over the next 3 yrs.
- Implement training for early years (the first years of children’s education) staff
- Reduction in the prescribing of sugar-free medicines
- Oral health messages to be integrated into health promotion across the membership of the Integrated Care Partnership

10 care homes in NEE have been trained on Oral Health Assessment and Education

## 2. Supporting development of the workforce

program me	description	Go live target	lead org'n
2	support development of future dental workforce		
2.1	Suffolk dental development centre	Apr-24	SUCIC
2.2	Essex Dental Development centre	Apr-26	ICB
2.3	Working on the Long term Workforce Plan with NHSE WTE	Live	ICB
2.4	Creating the future Dental Leadership	Live	ICB
2.5	Supporting Skill mix within Primary Care	Apr-25	ICB

Dental practices are being supported to enlist more dental students

### Goals

- Implementation of two centres for Dental Development working in partnership with the education sector and dental practices. Operate as “mini teaching hospitals” to support and develop the current and future dental workforce

### Measures

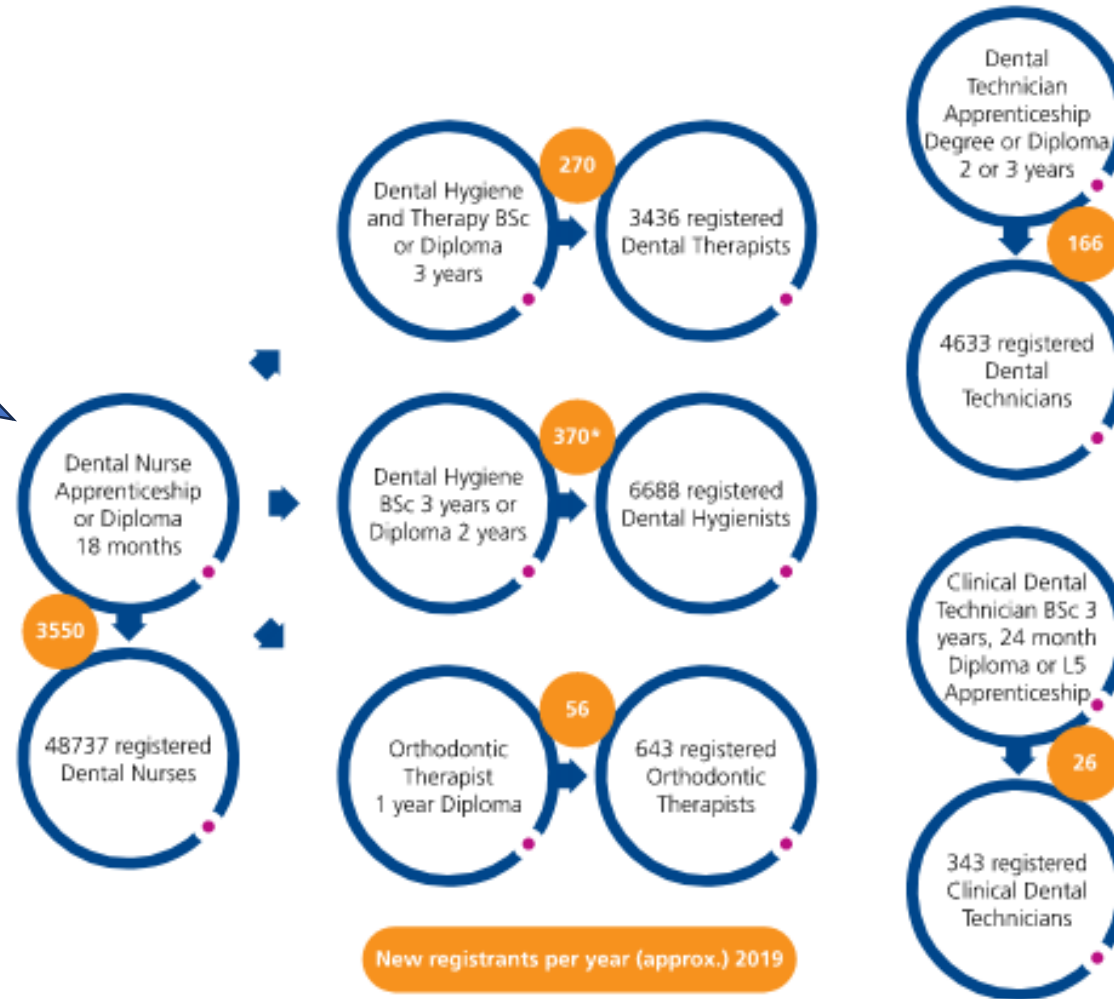
- Increase in training places for dental care professionals
- Increase in the number of whole-time equivalent NHS dental providers in SNEE

# National Dental Care Professional Supply pipeline data (excludes dentists), 2019

Dental Care Professional Supply Pipeline

A range of professionals deliver dental care

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### 3. Service access for Priority Groups

programme	description	Go live target	lead org'n
	<b>Ensure timely proactive care and access for priority groups</b>		
3.1	Priority Access and Stabilisation Service Project	Mar-24	ICB
3.2	Lifelong smiles (Essex care homes training)	Live	CDS
3.3	Special schools - Suffolk/Essex	Mar-24	SCC/ECC

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#### Priority Access and Stabilisation Service

The ICB has used flexible commissioning powers to offer local dental providers a contract supplement to treat and stabilise dental health for priority groups

The priority access scheme launched in Jan 24 and so far, and the response has been positive and around 10,000 additional UDAs have been commissioned

#### Goals

Commission services across SNEE for the following groups:

- People with a Learning Disability and people with Autism
- Children in care\* and care leavers
- Children with a child protection plan
- People with dementia
- People waiting for any NHS procedure that requires oral stabilisation, such as people undergoing cancer treatment
- People requiring emergency and urgent care
- Transient populations, for example, people who are homeless, Gypsy, Roma and Traveller, migrants and refugees.
- Sex workers
- People in care homes\*
- High risk dental patients\*

\* Aim to align dental providers across these three groups.

## 4. NHS Primary care dentistry – increase capacity and improve access

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programme	description	Go live target	lead org'n
4	<b>Establish additional primary care dental provision</b>		
4.1	fund new recruit incentives	Sep-24	ICB
4.2	Suffolk Dental Centre	Apr-24	ICB
4.3	8-5 procurement priority areas	Oct-24	ICB
4.4	8-6 & weekends procurment priority areas	Jan-25	ICB
4.5	longer term contract strategy	Sep-25	Taskforce
4.6	Suffolk Mobile Resource	Mar-24	ICB
4.7	Tier 2 minor surgery		

- Using new flexibilities in dental contracts, the ICB will ‘withdraw’ funds from contracts that are ‘underperforming’ and commission additional services.
- Future service procurements will focus on areas where the needs assessment shows there is low access (weighted towards deprived areas)
- The table on the right gives an indication of the programmes using UDAs, however, the aim is to use a contracting method that takes a more balanced approach to payment

### Goals

	Units of dental activity			
	2023/24	2024/25	2025/26	2026/27
<b>Baseline delivered</b>	<b>1,030,000</b>	<b>1,030,000</b>	<b>1,030,000</b>	<b>1,030,000</b>
Increased activity of current providers (within Contract)		10,000	20,000	30,000
Increased activity of current providers (extra to current contract)		10,000	20,000	30,000
Suffolk Dental CIC Centre		55,500	79,000	79,000
Priority Access Services		30,000	39,000	39,000
8-5, 5-day procurements		6,000	20,000	20,000
8-6, 7-day procurements			87,500	87,500
Suffolk Mobile Resource		2,500	2,500	
<b>Total</b>	<b>1,030,000</b>	<b>1,144,000</b>	<b>1,298,000</b>	<b>1,315,500</b>
Growth on 2023/24		11%	26%	28%

Need regular dialogue with dental providers - response is uncertain & links to recruitment

## 5. Orthodontics – a type of dentistry that corrects problems with the appearance and alignment of teeth and bite.

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programme	description	Go live target	lead org'n
5	Establish accessible orthodontic services		
5.1	extend current contracts until March 27	Live	ICB
5.2	procure long term contracts	Jun-25	ICB
5.3	commission waiting list reduction	Jun-25	ICB
5.4	Attract and retain Orthodontic Specialists	Jun-25	ICB

### Goals

- Commission long-term contracts to meet need, including recognition of health inequalities
- Aiming to achieve a service waiting time standard of a maximum of 12 months.

NHS treatment is free for people under the age of 18 with a clear health need for treatment. A clinical rating system is used to assess eligibility for NHS treatment. Treatment is not usually available for adults on the NHS

## 6. Specialist Community and Out of Hours Dentistry

### Description

The ICB is aware of the issues that affect access to Specialist Community and Out of Hours dentistry. A joint review with one of the Clinical Fellows is planned. This will help to ensure that the service pathways are correct as well as ensure there is capacity to see all the patients who have been referred. It will support future commissioning plans for this service.

The services across Suffolk and NE Essex currently have different commissioning requirements and delivery models. The plan is to ensure a level of equitable provision across the ICS.

programme	description	Go live target	lead org'n
6	Specialist and Community Care and Out of Hours		
6a	To undertake a joint review of the commissioned service and adjust pathways if needed	Mar-25	ICB/Fellow
6b	To undertake a capacity review of services commissioned and procure additional activitiy if needed	Mar-26	ICB/Fellow

## 7. Specialist secondary care – ensuring access

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programme	description	Go live target	lead org'n
7	<b>Ensure access to specialist secondary care</b>		
7.1	secure insourcing at ESNEFT for current waiting list	Mar-24	ESNEFT
7.2	agree and implement strategic plan with MSE, N&N, CUHFT	Mar-26	ICB
7.3	continue current referral mgmt services for minor oral surger	Live	ICB
7.4	collaborate with ICBs to commission orthognathic, TMJ	Mar-25	ICB

### Goals

- A sustainable maxillofacial service is in place at East Suffolk and North Essex NHS Foundation Trust delivered from the Ipswich hospital site during 24/25.
- A reduction in the waiting list (details tbc)
- Improve access to regional specialisms such as paediatric care and restorative surgery



Suffolk County Council will launch a new mobile dental surgery in March which will have capacity to assess and provide treatment for 1,400 children.

## 8. Paediatrics

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programme	description	Go live target	lead org'n
8	<b>Paediatric Focus</b>		
8.1	Introduce an enable child friendly dental practices (enhanced level 1)	Sep-25	ICB
8.2	Introduce a regional hub	Mar-27	ICB
8.3	Review a proposed tertiary centre	Mar-27	ICB
8.4	better define and formalise shared care pathways	Sep-25	ICB
8.5	Level 2 Paediatric training and service development	Mar-26	ICB
8.6	Primary care flags for CYP dental problems	Mar-27	ICB

### Goals

- Improve children’s oral health outcomes and experience – especially in communities showing poorer oral health

A regional task and finish group has been set up to review how to support the establishment of child friendly dental practices

## 9. Other plans

Theme	programme	description	Go live target	lead org'n
Other	9	Other		
	a	Dental Taskforce	Live	ICB
	b	VCFSE Working Group	Part Live	ICB
	c	Review of Dental Sedation Pathways	Live	ICB
	d	Review of Dental Trauma Pathways	Live	ICB
	e	Review of Dental Perio Level 2 Pathways	Live	ICB
	f	Implement a new minimum value baseline within Suffolk and North east Essex	Live	ICB

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A recent investment of £800,000 has been made to support primary care dental services to stabilise

### Commissioning - development of service procurement plans

The ICB plans to undertake several Procurements for new dental services and will complete a review of several data sources to understand the needs of the population and to inform where (town/ neighbourhood) the services are procured.

The ICB has the opportunity to rebase contracts where commissioned activity levels are 'high' and activity delivered is 'low'. This gives the ICB the opportunity to commission 'more' activity from a different provider into the neighbourhood.

The ICB will look at the population on a neighbourhood level of around 20,000 – 40,000 in rural areas and 60,000 – 80,000 in urban areas. Creating parity of access to services across all neighbourhoods is important.

The ICB will also review opportunities where providers have served notice and ended their contract.

# Healthwatch Suffolk and Healthwatch Essex

- Overview and reflection of the key issues reported to Healthwatch - access to NHS dental treatment is one of the key issues reported by the public, along with complaints around charges.
- Summary of how Healthwatch is involved in supporting the local dental priorities, including service evaluation. Examples include:
  - Supporting the new Suffolk Dental CIC in its aims to meet the needs of the most vulnerable in our SNEE wide communities
  - Review of orthodontic services in April 24 in the West of Essex
  - Essex wide work underway with young mental health ambassadors around dental and oral health.
- Considering with Healthwatch England how a nationally agreed (with NHSE/I) evaluation programme could be supported – this includes a focus on evaluation of the mobile dental unit service. Healthwatch England will have a seat on a cross parliamentary committee that is being established.

# Next steps

## *Finalise the dental plan*

- Continue to consult with stakeholders to review feedback and to adjust the dental plan accordingly. Examples of areas for review include:
  - Explore introducing water fluoridation to improve oral health with Public Health.
  - Develop evaluation criteria for each project i.e., work with the SNEE 111 service provider, Practice Plus Group, for support to evaluate the impact of increasing capacity for people requiring access to urgent dental care services.
  - Develop an oral health education and communications plan. A focus on early years opportunities relating to health services, and education.
- Understand and respond to the outcomes of a regional (all 6 ICBs) dental health review being facilitated by Dental Public Health, NHSE which has focussed on:
  - A national survey of dental decay in 5-year- olds (SNEE specific)
  - The findings of a Qualitative Feedback project on Dental Access Experience in the East of England, 2023 of People Experiencing Homelessness, Gypsy, Traveller and Roma community and Asylum Seekers and Refugees
  - Access to primary and secondary dental care services (due to be published Mar/April 24))
- Continue to engage with stakeholders in response, including in response to offers of support to help inform the plan and next steps.

## *Launch plan*

- Undertake member briefings as required
- Essex Health and Wellbeing Board (May)
- Suffolk Health and Wellbeing Board (TBC)

**FINAL REPORT OF THE  
MAINSTREAM AND COMMUNITY TRANSPORT  
TASK & FINISH WORKING GROUP**

**FOLLOWING ITS INQUIRY INTO:**

**COMMUNITY AND PUBLIC  
TRANSPORT**

**DATE: APRIL 2024**

## **TERMS OF REFERENCE OF THE TASK & FINISH WORKING GROUP**

A decision was published on 14 August 2023 to agree that the Community Leadership Overview and Scrutiny Committee would set up a Task and Finish Group to enable enquiries into the range of elements concerning mainstream and community transport provision. This proposal had been approved by Full Council.

The Task and Finish Group wanted to look into:

- Details of mainstream public transport across the District including bus routes and frequency.
- Issues being experienced with mainstream public transport as outlined to Councillors.
- Details of Essex County Council's subsidised bus services in the District and the associated funding.
- Details of community transport provision across the District and the funding for them from Councils in Essex.
- Publicly available data on car ownership in the District and use of public transport.

Partner engagement included:

- Representatives of the local Bus Operators and of community transport providers.
- Representative from Essex County Council in relation to subsidised bus services where there are no commercial services.
- Representatives of transport users.
- Corporate Director of Place and Economy.

The inquiry started on the 5 September 2023 and ran to March 2024.

## **THE AIMS AND OBJECTIVES OF THE INQUIRY**

The Task and Finish Group agreed to focus on the provision, the extent to which it supports inter-modal exchanges, provides a meaningful alternative to private car usage for work, leisure and medical journeys.

The inquiry supported the then corporate plan themes of:

- A Growing and Inclusive Economy - Support existing businesses/More and better jobs;
- Building Sustainable Communities for the Future;
- Community Leadership Through Partnerships; and
- Joined up public services for the benefit of our residents and businesses.

## **MEMBERSHIP OF THE TASK & FINISH WORKING GROUP**

The make-up of the task and finish group includes two Conservative, two Tending Independent and one Independent member of the Council. Members were:

- Cllr Steady (Chairman)
- Cllr Codling
- Cllr Doyle
- Cllr Ferguson
- Cllr Oxley

## **OFFICER SUPPORT FOR THE TASK & FINISH WORKING GROUP**

Democratic services provided the review with administrative support. Evidence review and report drafting support was provided by the Corporate Director for Place and Economy. The Director of Planning attended meetings of the working party to provide advice on planning matters.

## **INVITEES AND PARTICIPANTS**

### **External**

Wendy Jackson – Local Bus Network Community Engagement Lead (ECC),  
Pauline Mann – Tendring Community Transport  
Debbie Hill - Harwich Connexions Transport Cooperative Ltd  
Pam Playle - Walton Community Hospital Car Service  
Wendy Jackson, Senior Transport Liaison Officer, Essex County Council  
Angie Tillet, ESNEFT  
Pauline Mann – Tendring Community Transport,  
Debbie Hill - Harwich Connexions Transport Cooperative Ltd  
Pam Playle - Walton Community Hospital Car Service

### **Internal**

Keith Durran, Committee Services Manager , Tendring District Council  
Gary Guiver, Director of Planning, Tendring District Council  
Lee Heley, Corporate Director, Place and Economy

Note that the Leader of the Council, the Corporate Director (Place and Economy) and the Economic Service Manager met Heddingham buses in relation to levelling up in Clacton, rather than as a formal part of the scrutiny process; high level messages to Heddingham from that meeting are included in this report with the agreement of the company.

## **EXPECTED OUTCOME(S) OF THE INQUIRY**

The purpose of the review was to consider the network of public transport provision (commercial and subsidised) and invite providers / commissioners to review those with the Council based on evidence identified. To look at community transport provision and where best practice could be shared to extend the network.

## **ACTUAL OUTCOME(S) OF THE INQUIRY**

The inquiry found that there is a public transport system across the district that provides a wide range of services as an alternative to the car for the 20 percent of Tendring households without one, although it faces challenges of scale, frequency, and in some cases reliability. The system is mainly designed for travel to and from the coast to Colchester, rather than between towns in the district, with travel to and from Clacton to Harwich slow by public transport.

Transport providers and funders are seeking to offer the best services possible within the commercial and financial constraints they face.

While the bus network in Tendring is shrinking and issues of frequency and reliability were raised, providers from Clacton are making efforts to improve the service and seek increased public investment.

The rail services provides a good service from Manningtree on the mainline, and from other stations there are branch line services. There is a new train fleet which has increased reliability to 94% across the network, and 96% on the Clacton line. The frequency of the off-peak services from Clacton to London is currently just hourly. Rail can be an expensive form of transport for some residents.

Community transport provides a responsive service to people in need from Harwich, Clacton and Walton. The service faces challenges of being oversubscribed, and relying on short term funding and volunteer effort.

The more public services that are based in coastal towns, the less residents have the need to travel for essential services to Colchester such as health and education. The lack of subsidy to post-16 transport puts a strain on budgets for young people looking to carry on in education at Colchester Institute based in the town. And the hospital in Colchester requires residents to travel there. The Clacton diagnostic hub is an excellent example of bringing services to people in Clacton, reducing the need to travel.

## **RECOMMENDATION(S)**

The Community Leadership Overview and Scrutiny Committee recommends to the Executive that Tendring District Council should:

- a) **Hold a summit with local transport providers including Hedingham and Chambers and Greater Anglia, to seek to improve the frequency, reliability and quality of local public transport services;**
- b) **Support advocacy for an improved rail service from Clacton, moving to a half hourly service;**
- c) **Take advantage of levelling up funding where available to support improved public transport;**
- d) **Engage with ECC and providers on the potential for Demand Responsive Transport to supplement the current public transport offer;**
- e) **Advocate where possible for services to be brought to coastal areas so that there is less need to travel for education and health care;**
- f) **Ask Hedingham to review the provision of a bus stop to support the new Marks and Spencer's store at Brook Park West, the Crematorium and the potential for park and ride to Clacton at peak tourist season building on the experience of the Airshow;**
- g) **Prioritise gaining developer contributions for new bus routes in the delivery of the revised Local Plan; and that**
- h) **Councils should take these recommendations into account when developing the Tendring Future Transport Strategy (ECC) and the Local Plan (TDC).**

## **CHRONOLOGY**

Community Transport Visit  
5 September 2023 Task and Finish Group Meeting  
20 November 2023 Task and Finish Group Meeting



## DETAILED FINDINGS OF THE INQUIRY

The findings of the review are set out below against the scope set for the Task and Finish Group.

### **1. Issues being experienced with mainstream public transport as outlined to Councillors**

Buses provide vital transport in the Tendring area, with services across the district and into Colchester and beyond. Details of services are provided in later sections of the report. However, the issues raised from the Inquiry are set out below.

Frequency of buses was raised as an issue, as they are only hourly or two hourly between the towns in the district.

Bus service reliability is a challenge across Tendring, with congestion proving disruptive for maintaining schedules. Essex County Council tracks reliability issues across a range of corridors and hot spots. In areas like the route from Jaywick Lane to Earls Hall Lane in Clacton, severe traffic backups during peak times make it extremely difficult for buses to stay on schedule. Other problematic areas include Great Clacton's Oxford Road as well as routes between Weeley and Frating that suffer from heavy congestion. Separating the routes from Colchester to within Clacton has reduced the impact of Colchester congestion on Clacton timetables.

In January 2024 Heddingham announced the end of Clacton Town Route 7 - St Osyth Beach to Clacton and Route 8/8A - Clacton to Bockings Elm which were no longer commercially viable. Following consultation, Essex County Council announced in January that services would cease in July 2024 on the 99 evening Clacton to Walton route, as the current subsidy per passenger journey was £25.14.

Heddingham buses cross subsidise their commercial operations with education provision to support the provision of local services. For children under 8 years old, free transportation is offered if they live over two miles away from their nearest suitable school. For those over eight, subsidised travel applies if they reside more than three miles from the nearest school. However Heddingham's cross subsidy model also means there are fewer commercial services at school drop off and pick up times, and the fleet is often the double deckers required for school journeys.

Transport subsidies do not extend to further education or 6th form students once they complete compulsory schooling. Older students are expected to pay full fares for bus services or explore discretionary fare zone schemes offered by some operators in the area. The lack of subsidised transportation for post-16 education can pose affordability challenges. Students have to factor in added transport costs when deciding whether to continue studies after finishing secondary school, something which disproportionately affects lower income families.

Currently, there is no real-time bus tracking or arrival information available to passengers in Tendring district. However, there are opportunities to implement this technology to enhance the public transit experience. In urban centres, real-time information displays could be

installed at major bus stops and shelters to provide up-to-the-minute data on bus arrivals, and create links between rail stations and bus stops with bus information at major rail stations. Hedingham has an App for smart phone users which can track buses, and the company aims to increase take up, recognising the challenges promoting the App to a predominantly older ridership.

Community transport provides a service to local residents who need to attend hospital appointments on the hospital hopper, or want to dial a ride. However, the demand for the service outstrips the supply of vehicles and volunteer drivers and there is limited capacity to expand services.

While there are 14 train stations in Tendring, only Manningtree has a regular mainline service. Compared to other modes of transport trains are high cost, if not booked off peak in advance. There is only an hourly service off peak between Clacton and London.

## **2. Details of mainstream public transport across the District including bus routes and frequency.**

### **2.a. Summary**

The settlements in Tendring District are mainly built along branch railway lines which face Colchester. Getting between places within Tendring, such as Clacton to Harwich, Walton, or Brightlingsea is time consuming by bus. The route network for trains and buses is attached in the Annex.

### **2.b. Information on Rail in Tendring**

The Tendring District is served by branch lines off the Great Eastern Main Line operated by Greater Anglia. The two routes are the Sunshine Coast Line from Colchester to Clacton-on-Sea/Walton-on-the-Naze and the Mayflower Line from Manningtree to Harwich Town.

Tendring District has 14 stations. Key stations include Clacton-on-Sea, Walton-on-the-Naze, Frinton-on-Sea, Harwich Town, Harwich International and Manningtree. Only Manningtree on has fast access to London on the mainline. It has a regular service that takes an hour to London at peak times. As a result it has the highest number of commuters in the district (783,000 entrances / exits from the station in 2022/23).

The branch lines have train stations that are commutable to Colchester, Ipswich and central Chelmsford. The Clacton and Walton lines join at Thorpe le Soken, which therefore has regular services. Despite its 1,600 inhabitants (2021 Census) Thorpe le Soken is the fifth most used station in the district (119,000 exits /entrances in 2022/23).

Services operate hourly Monday-Saturday on both branch lines, connecting to London Liverpool Street on the mainline. There are more trains at peak times.

It is possible to commute from Clacton to London. There are six commuter trains direct from Clacton to London in the morning between 05:40am and 07:10am. After that trains change at Colchester, and during the day there is only one train an hour from Clacton to London. These trains take an hour and half to reach Liverpool Street.

Rail does not effectively connect the coastal areas in the District. Clacton to Harwich would take three trains, an hour and 15 minutes each way and £25 return, compared to half an hour by car.

Trains journeys can be expensive for residents. Clacton to Colchester is £12:60 for a day return and take about 35 minutes. An annual rail card is £2,280. A Clacton to London peak time return is £69.70, and with a travel card is £83.70. An annual rail card costs over £7,000.

### **2.c. Information on the Bus network in Tendring:**

Hedingham and Chambers (part of the Go Ahead Group) operates most of the bus services across Tendring, including routes between the main towns.

Major routes include the 74 (Clacton to Colchester via St Osyth), 76 (Clacton to Colchester via Weeley); the 107 and 105 (Walton to Colchester); and the 3 (Clacton to Harwich)

Service frequency is generally hourly or every 2 hours between towns.

Some villages receive limited service of 3-4 buses per day and others have no bus service at all.

Routes are set out in the Appendix

## **3. Details of Essex County Council's subsidised bus services in the District and the associated funding.**

### **3.a. Summary of ECC's subsidised bus services in Tendring**

Bus Service Operating Models: The major operator, Hedingham, runs services on a for-profit commercial basis. Bus routes that run during evenings, weekends, when they are not commercially viable are subsidized by ECC contracts. Essex County Council (ECC) will only subsidise up to £5 per journey, so route times with fewer passengers may have subsidy withdrawn and close, as is happening to the evening service from Clacton to Walton.

In the Tendring district there have been 18 bus services that receive ECC subsidies, primarily for evening and Sunday routes when demand is lower. However, these subsidies do not cover home-to-school transportation, which has separate funding sources and operations.

Overall, around 85% of bus services in Essex operate commercially without subsidy, with private operators deciding routes, schedules and fares. The remaining 15% receive subsidies from ECC to cover the operating costs.

When bus operators register new services or variations to existing routes, ECC conducts an impact assessment. If an operator cancels a route, ECC looks at other options - either putting the route out to tender for another provider, or leaving it unserved if there are alternative services in the area. In cases where a company pulls out of an area completely, leaving no other services, ECC may step in to subsidize a replacement route. However, they closely analyse passenger data and will only provide subsidies if the cost is less than £5 per journey. This metric helps determine if publicly funding the route is a viable use of resources.

The services supported by ECC in Tendring include:

- Clacton - evening services, routes to Jaywick, Bird's Hill after 7pm
- Service from Walton to Colchester running all times
- Weeley to Tendring Technology College
- Point Clear to Brightlingsea

- Clacton to Mistley
- Town service within Harwich
- Parkeston to Ramsey
- Evening/Sunday service from Colchester to Harwich
- Manningtree station to Dedham and Colchester
- St Osyth to Colchester, Monday-Friday
- Sunday service from Clacton to Colchester via Weeley
- Evening journey from Walton to Weeley into Clacton (formerly a return trip)
- Service along Clacton to Thorpe corridor

### **3.b. Ending highly subsidised bus services**

Essex County Council reviewed its bus subsidised services across the County in 2023 / 2024. ECC looked especially closely at routes with a more than £5 subsidy, the target maximum subsidy, and had an expectation to close routes with a more than £10 subsidy. After consultation, ECC announced in January that services would cease in July 2024 on the 99 evening Clacton to Walton route, as the current subsidy per passenger journey was £25.14.

### **3.c. Bus services to new developments**

New bus services to serve residential and commercial developments are almost wholly reliant on subsidies, making S106 developer contributions critical. When planning new routes, ECC aims for them to become commercially viable after around five years of subsidized support. Developers are asked to provide funds based on an assumption of no ridership initially. Typical contracts run for three years with one plus one year extensions until ridership can sustain the service. ECC aims to pool contributions along transportation corridors to subsidize viable routes from a number of developments.

However, Tendring District Council has had mixed success in securing S106 monies. Funding was obtained for services to developments like Hartley Gardens; however other major sites like Rouses Farm, Oakwood Park, and sites in Kirby, Halstead, and Hamford Cross secured little or no contributions for bus services.

### **3.d. Bus service improvement plan**

In October 2021, ECC submitted a countywide Bus Service Improvement Plan as part of the government's National Bus Strategy. The plan lays out a vision for an enhanced bus network with integrated fares, better publicity, and priority measures for buses. A key element is conducting comprehensive area reviews for each district to assess their specific needs.

### **3.e. Possible future network improvements to support buses**

Some significant opportunities to upgrade infrastructure for better bus services include improving the interchange at Manningtree station, such as modifications to the Lawford Dale roundabout to facilitate easier connections. Lowering the road under the railway bridge in Kirby Cross could allow double-decker buses to run, potentially doubling frequencies on that corridor. Dualling the road between Weeley and Frating is another option that could increase bus frequencies and alleviate traffic delays, allowing integrated bids for funding that also benefit other traffic. However, these proposals represent very large capital investments at a time of limited funding, compared to smaller-scale bus priority measures.

#### **4. Details of community transport provision across the District and the funding for them from Councils in Essex.**

##### **4.1 Services**

###### Harwich Connexions Transport

Harwich Connexions provides community transport services for residents of Harwich, Dovercourt, Parkeston and nearby villages. The accessible buses cater to those with disabilities, health issues or isolated locations. Bus passes are accepted on routes.

- The Hospital Hopper offers twice-daily direct bus service Monday-Friday between Harwich and Colchester hospitals for patients and visitors.
- The Dial a Ride flexible bus service operates 9am-5pm weekdays in the Harwich area, enabling travel to appointments, shopping, clubs or social visits.
- Recognised community groups, charities, schools and youth groups can also hire the buses.

###### Tendring Community Transport

- Dial-a-Ride: This is a door-to-door service for people who have difficulty using regular public transport due to disability, age, or other mobility issues. Passengers can book trips for shopping, medical appointments, social events, and more.
- Community Car Scheme: Volunteer drivers use their own vehicles to provide transport for people who have difficulty accessing public transport, particularly in rural areas.
- Group Hire: Community Transport Tendring has a fleet of minibuses and coaches that can be hired by groups for day trips, outings, and excursions.
- Shopmobility: They provide manual and powered wheelchairs and scooters for hire, allowing people with limited mobility to access shops and facilities in Clacton-on-Sea and Frinton-on-Sea town centres.

The dial-a-ride service has around 5,000 registered users, while the hospital hopper service for medical appointments has between 5,000-6,000 users. The social car scheme has approximately 900 users.

###### Clacton to Harwich

There is a shuttle community bus service jointly operated by Harwich Connexions and Tendring Community Transport across the towns and villages in the district. The service runs Monday-Saturday from 9am-5pm out of the Harwich and Clacton transport hubs. The services allow residents to access shopping, appointments, social activities, education, employment and more. The wheelchair-accessible buses with trained assistants help ensure the shuttles are inclusive for all community members.

###### Demand

However, the existing services are struggling to meet the growing demand in the area. There are no current plans to expand services in Tendring itself, as the need already exceeds what can be provided. To expand and better meet needs, additional funding would be required to purchase more vehicles and hire more staff. The large population of elderly residents on low incomes who cannot drive themselves is increasing demand faster than it can be met. As a result, some residents have to be referred to external car schemes.

Retaining drivers is an ongoing challenge, as the wages offered are not highly competitive.

## Funding

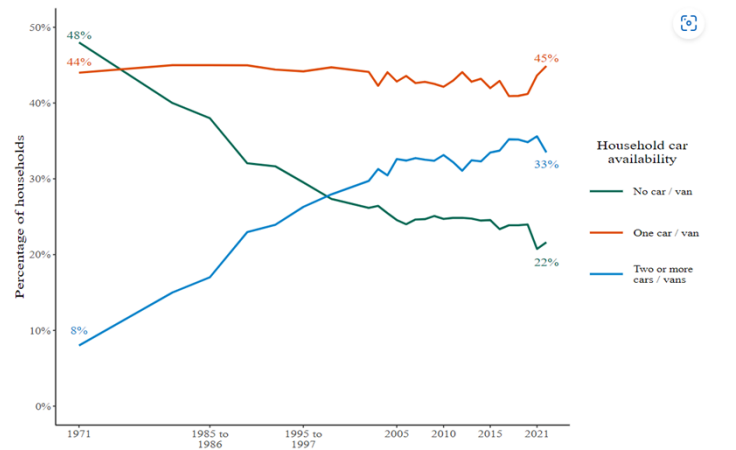
The current funding model includes an Essex County Council grant reviewed every two years, user fees for the social car scheme at 45p per mile to cover drivers' costs, vehicle hire to charity groups, and reimbursement of concessionary fares from ECC for flexible route services. Ninety five percent of current users are of pensionable age with bus passes, although the pension age is rising. However, delivery costs continue rising for aspects like replacing aging fleet buses at around £70,000 per vehicle. Securing additional funding streams would be required to expand community transport services.

## Walton Community Hospital Car Service

Operating solely with volunteer drivers using their own vehicles, they offer personalised transport, though they no longer make trips into London due to congestion charges. Funded through a modest mileage rate (45p) that falls short of covering costs, this charity relies on the goodwill of volunteers to run the service. A small weekly contribution from drivers covers basic administration like stationery and meetings for the charity. With an ageing volunteer base of around 14 active drivers currently, recruiting new volunteers remains an ongoing challenge to sustain these community transport services in Frinton, Walton and Kirby Cross.

## 5. Publicly available data on car ownership in the District and use of public transport.

Chart 7: Percentage of households by car access: Great Britain (1971 to 1988) and England (1989 to 2021) (NTS0205)



Public transport is provided in the context of substantially increases in car ownership over the last two generations. Nationally households without a car have fallen from 48 percent to 22 percent over the last 50 years and those with two or more cars has risen from 8 percent to 33 percent over the same period. (National travel survey 2021).

The 2021 census shows that Tendring has similar car ownership to the national trend, with 20 percent without a car. The data is available at a very local level, which shows great variability in the rate of car ownership by households. For example, about half the households in Brooklands and Grasslands in Jaywick Sands have a car or van. In the rural villages, it varies between about 90 and 95 percent of households have a car.

Within the towns, there is a mixed picture. For example in Clacton town centres about 35 percent of residents have a car, whereas in Holland-on-Sea it is 80-85 percent with a car or van. It is similarly diverse in Harwich and in Walton, with households in some neighbourhoods with only 55-60% accessing a car or van, and in others, it is nearer 90%.

**BACKGROUND PAPERS AND PUBLISHED REFERENCE MATERIAL**

None

**APPENDICES**

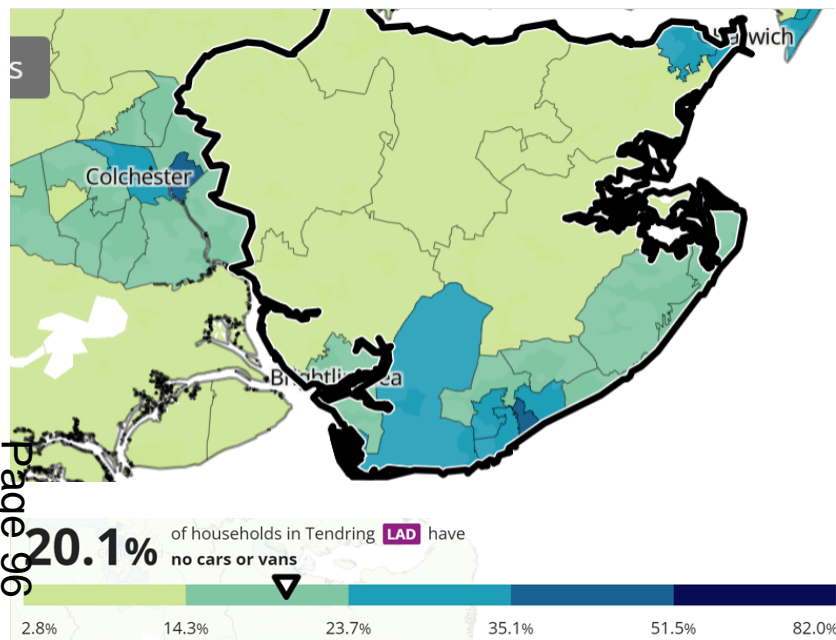
- Car ownership in Tendring
- Rail services
- Hedingham Bus network
- Community Transport Hospital Hopper

**REPORT CONTACT OFFICER(S)**

<b>Name</b>	Lee Heley
<b>Job Title</b>	Corporate Director (Place and Economy)
<b>Email/Telephone</b>	<a href="mailto:lheley@tendringdc.gov.uk">lheley@tendringdc.gov.uk</a>

# Car ownership in Tendring, ONS Census 2021

[Number of cars or vans - Census Maps, ONS](#)





# Greater Anglia Rail Network from Tendring

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# Hedingham Bus Network from Tendring



# Hedingham Clacton Bus network



# Tendring Community Transport Services

## Hospital Hopper

Start Time	06:15	09:00	11:00	14:00	
Picking up in Holland on Sea, Clacton,					
Great Clacton, Jaywick, St Osyth,					
Great Bentley.					
To Arrive At					
St Helena Hospice, Barncroft Close,	07:00	09:45	11:45	14:45	
Colchester General Hospital Turner Road,	07:05	09:50	11:50	14:50	
The Oaks, Mile End Road.	07:15	10:05	12:05	15:05	
All other medical centres on request.					
Return Time					
The Oaks Hospital, Mile End Road,		10:05	13:00	15:15	17:00
Colchester General Hospital Turner Road,		10:10	13:05	15:20	17:05
Primary Care Centre		10:15	13:10	15:25	17:10
St Helena Hospice, Barncroft Close.		10:20	13:15	15:30	17:15